

**SAMPLE QUESTIONS TO BE ANSWERED BY PHYSICIAN  
TREATING EMPLOYEE WHO HAS REQUESTED  
ACCOMMODATION**

To: [Employee's Treating Physician]

Re: [Employee]

Our employee referenced above has informed us that he/she has a medical condition that limits his/her ability to perform her job, and has requested that we make certain adjustments to accommodate this condition. In order to assist us in evaluating our employee's request, we need information from you as his/her treating physician. Please note that we are only requesting information about medical condition(s) that affect the employee's ability to perform his/her job. To assist you in responding to these questions, we have attached a copy of the employee's job description listing the duties of the position.

A. With regard to the employee's medical condition, please provide the following information:

1. Have you diagnosed this individual with a medical condition or impairment that affects the employee's ability to do his/her job?
2. If so, what is the medical condition?
3. Does this medical condition substantially limit the employee's ability to perform major life activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working?
4. If so, please list the activities that the employee is unable to perform as a result of the condition.

B. With regard to the medical condition described above, please review the attached job description and provide the following information:

1. Is the employee physically able to perform all of the duties set out in the job description?
2. If not, which duties is the employee unable to perform?

3. With regard to each duty listed in response to question 2, is there a reasonable accommodation that would allow the employee to perform that duty, and if so, please describe the accommodation(s)?
  
4. a. Is the medical condition that impairs the employee's ability to perform the duties listed in response to question 2 permanent?  
  
b. If not, what is the anticipated duration of the condition?  
  
c. Do you expect the employee to recover sufficiently to enable him/her to perform the duties listed in response to question 2, and if so, when?

As this information is required to be kept confidential, please clearly mark the return envelope "CONFIDENTIAL" and address your response to:

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Sincerely,

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