



REQUEST FOR SUPPLEMENTAL MEDICAL DOCUMENTATION

TO: _____
FROM: _____
DATE: _____
SUBJECT: _____

On _____, you requested a reasonable accommodation due to a medical condition. However, the medical information you provided on _____, did not adequately explain the nature, severity, and duration of your medical condition and the need for reasonable accommodation. The purpose of this letter is to notify you that supplemental medical documentation is needed to determine how your functional limitations affect your ability to perform the essential functions of your current position and/or to determine if you are a “qualified individual” under the Rehabilitation Act. The timeline for processing the reasonable accommodation request will be suspended until sufficient medical documentation has been provided.

I, _____, the Local Reasonable Accommodation Coordinator (LRAC), have previously requested sufficient acceptable medical information. Failure to comply with this second request for required medical documentation may result in denial of your request for accommodation.

In accordance with the Equal Employment Opportunity Commission’s (EEOC) Compliance Manual, I have attached a supplemental medical questionnaire that you should submit to your physician or other licensed medical practitioner. Please return the completed questionnaire and supporting medical documentation to me.

I have also attached a copy of your position description and/or statement of essential functions and physical requirements associated with each essential function. You are to provide this information along with the supplemental medical questionnaire to your physician or licensed medical practitioner. The responses and supporting medical documentation will allow me to make my determination about your request for reasonable accommodation. All questions and inquiries are job related, consistent with business necessity, and directly relate to your request for reasonable accommodation. Please be assured that all medical information provided by you and/or your physician is covered by the Privacy Act. The information provided will only be used in processing your request for accommodation. While disclosure is voluntary, failure to provide medical documentation may result in a denial of your accommodation request.

I may seek the guidance and assistance of other advisors, if necessary, to make an informed decision on your request. I may also have a competent medical authority perform an informed assessment of the documentation you provide. All medical information provided will be handled in accordance with the Rehabilitation Act and Privacy Act.

Upon timely receipt of the requested documentation, a determination as to whether you are a “qualified individual with a disability” will be made. Upon such a determination, your request for reasonable accommodation will be processed.

If you or your health care provider have any questions regarding this request, please feel free to contact me.

Attachments:

1. Supplemental Medical Questionnaire; and
2. Position Description or Template C, Essential Functions.

LRAC's Signature

Today's Date

EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT:

Employee's Signature

Today's Date

PRIVACY ACT STATEMENT

AUTHORITY: The Americans with Disabilities Act Amendment Act of 2008 (42 U.S.C. § 12101 et seq.) and the Department of Energy Organization Act (42 U.S.C. § 7101) authorizes the collection of this information. The information provided through this form is covered by a DOE Privacy Act system of record, DOE-33, *Personnel Medical Records*, which was last updated in volume 74 of the Federal Register, pages 1032-1035, published on January 9, 2009.

PURPOSE: This information is needed to evaluate and process employee requests for reasonable accommodation at the Department of Energy.

ROUTINE USES(S): This information will be used by and disclosed to DOE personnel, contractors, or another federal agency who will need the information to facilitate credentialed access to a federal government facility. DOE may disclose this information in courts or in administrative proceedings, to the tribunals, counsel, other parties, witnesses, and the public (in publicly available pleadings, filings, or discussion in open court) if the disclosure is relevant and necessary for the proceeding and compatible with the purpose for which the Department originally collected this information. This information may be provided to DOE employees or contractors who have a need for the information in the performance of their duties or to fulfill contract requirements, pursuant to the purpose established in DOE-33.

DISCLOSURE: This information (including additional identifying data) is required and necessary to process an individual's request for reasonable accommodation. A request cannot be processed if required information is missing.

This serves as record of the employee's reasonable accommodation. A copy of this document will be retained by

SUPPLEMENTAL MEDICAL QUESTIONNAIRE

(TO BE COMPLETED BY ATTENDING PHYSICIAN OR LICENSED MEDICAL PRACTITIONER)

_____, the Requestor, is currently employed by DOE as a _____ (Position Title). The employee has requested a reasonable accommodation. The medical information they initially provided is not sufficient to determine how their functional limitations affects their ability to perform the essential functions of their current position and/or to determine if they are a “qualified individual” under the Rehabilitation Act. For this office to make that determination, we need current supplemental medical information. Please assist the employee in expeditiously providing the requested information for a determination on their request to be made.

The employee’s current position description, including the physical requirements (if applicable), are attached to this questionnaire.

Please answer the questions outlined in this questionnaire and return the requested information to the employee. If additional space is needed, please feel free to attach pages.

The Local Reasonable Accommodation Coordinator (LRAC) is the individual assigned to determine whether the employee is an individual with a disability, as defined by Federal law. They will assist the Designated Management Official (DMO) in deciding on the request for accommodation. Failure to provide sufficiently acceptable, or insufficient, medical documentation may result in denial of the employee’s request for accommodation. If you have any questions, please feel free to contact the LRAC identified below.

LRAC Name

LRAC Phone No.

LRAC Email

Please do NOT provide a copy of the patient’s complete medical history.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

GINA defines genetic information as including, “the manifestation of a disease or disorder in family members of such individual,” as defined by the Commission. This means manifestations with respect to a disease, disorder, or pathological condition, that an individual has been or could reasonably be diagnosed with based principally on genetic information.

SUPPLEMENTAL MEDICAL DOCUMENTATION FROM THE HEALTHCARE PROVIDER:

- 1) Is the employee medically incapacitated from performing the assigned duties of their current position, as described in the attached position description? (Yes / No)
 - a. If “Yes,” what is the medical diagnosis and the basis for the employee’s incapacitation?

- 2) Is the employee substantially limited in a major life activity? (Yes / No)
 - a. If “Yes,” describe how the major life activity (for example: walking, standing, sitting, speaking, seeing, hearing, breathing, cognitive thinking, learning, interacting with others, etc.) is substantially limited.

- 3) Is the employee on any medications that will limit their ability to perform the assigned duties of their position?
 - a. If “Yes,” please explain the limitations.

- 4) After reviewing the attached documents, please specifically identify those duties the employee is unable to perform due to their medical condition. For each essential function, please address the following:
 - a. The nature, severity, and duration of the disability;
 - b. The activity that the disability limits; and
 - c. The extent to which the disability limits the employee’s ability to perform such activities.

- 5) Based on the employee’s current prescribed course of treatment and their progress to date, what is your prognosis as to when the employee will be able to perform the assigned duties of their position, with or without accommodation?
- 6) Please provide the date the employee was examined, of which you used the results to provide the information to respond to this questionnaire.
- 7) What is an effective accommodation that would allow the employee to perform the assigned duties of their position?

Thank you for your assistance in this matter. If you have any questions, please have the employee contact the LRAC listed above.

This certifies that the information provided is accurate.

Healthcare Provider Name

Healthcare Provider License Number

Healthcare Provider Signature

Today’s Date

Healthcare Provider Facility Address

Healthcare Provider Phone No.

Healthcare Provider Email

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VISIT US: [HCnet.doe.gov/reasonable-accommodation](https://hcnet.doe.gov/reasonable-accommodation)



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ENERGY