

(Date)

Dear _____:

Your patient, _____, is an employee of _____ County. We have learned that he or she may have a health condition that could require an accommodation at work. We are requesting that you complete and return the enclosed questionnaire to us so that we can determine whether the employee meets the criteria to be considered a covered individual as defined by the Americans with Disabilities Act¹. Also enclosed is a release signed by the employee, the job description and essential duties of the job, and a self-addressed stamped envelope for your convenience in returning the questionnaire.

Please be as complete and specific as possible in your responses; but do not attach any medical records. We also do not need the patient's actual diagnosis². At this time, we only need to know how the health condition or disability impairs the employee in performing the essential functions of the job. Your responses will aid us in the interactive process with our employee and are just a part of what will be considered.

We appreciate your assistance in this matter; and please let me know if you have any questions.

Sincerely,

Enclosures:
Employee's Signed Release
Employee's Job Description
Essential Duties of Employee's Job
Physician Questionnaire
SASE

Title: _____

¹ An employee has a disability if he or she has an impairment that substantially limits one or more major life activity or has a record of such impairment, regardless of the actual or expected duration of the impairment. The ADA provides examples of major life activities including caring for oneself, performing manual tasks, seeing, hearing, breathing, reading, and the operation of major bodily functions such as functions of the immune system, digestive, bowel, bladder, neurological, brain, etc.

² The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order 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.