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RE: [**Employee’s Name**]

[**Employee Unit (Academic or Medical Center)**]

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_,

Recently, our employee, [Employee’s Name], advised us that you have treated [her/him] for a condition that may affect [her/his] ability to perform essential job functions.  We have commenced a dialogue with [her/him] in an attempt to determine whether an accommodation may be necessary.

In order to assess the employee’s need for a workplace accommodation, it is essential that you provide us with the following information as soon as possible:

1. A description of the nature and severity of the employee’s symptoms.
2. Your prognosis as to the duration of the employee’s condition.
3. Limitations/restrictions on the employee’s regular activities as a result of the condition and/or the treatment of the condition (e.g., limitations/restrictions on the employee’s ability to stand, sit, walk, climb stairs, operate a motor vehicle, read, etc.).
4. Your opinion as to whether the condition precludes the employee from performing any of the essential job functions and, if so, your opinion as to the nature and duration of such limitation(s).  In order to assist you in this regard, enclosed is the Medical Information Request Form and a description of the employee’s essential job functions.

**Please do not send us medical records or genetic information.** The Genetic Information Nondiscrimination Act of 2008 (“GINA”) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we request 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.

Please contact me at [telephone number] if you require any additional information in order to thoroughly and completely address the foregoing matters.

Thank you for your anticipated prompt response to this request.

Very truly yours,

[Name]

[Title]

[University of Virginia or University of Virginia Medical Center]

Enclosures [Medical Information Request Form and description of the employee’s essential job functions]