Verifying Disability Policy

Model Letter

[*EMPLOYER LETTERHEAD***]**

[insert doctor's name & address]

[insert date]

Dear *[insert doctor's name];*

We are in receipt of your letter of [*insert date]* respecting [*insert employee's name],* which states:

[*insert relevant parts, e.g., "Please allow above patient to work only a maximum of 3 days per week due to medical reasons."]*

In order to effectively manage our organization and determine our ability to accommodate [*insert employee's name*], we require further information. As such, please provide us with the following information: (please add additional pages if necessary):

1. The nature of [*insert employee's name]*'s illness:

2. A prognosis for [*insert employee's name]*'s return to full-time work:
3. a) Is this condition permanent or temporary? _____
4. b) Is the condition likely to stay the same, improve or worsen over time? _____

_____

1. c) If it is likely to improve, what is the estimated time frame for improvement to occur?

3. More specific information with respect to [*insert employee's* name]'s limitations:
4. a) Is he/she able to work [*insert details, e.g. 3 regularly scheduled consecutive or non-consecutive days or are the days based upon her own judgment*

of her ability to work?]

1. b) Can he/ she work up to more than [*insert details, e.g., 3 days per week over a certain period of time?*]
2. c) Are there any other limitations of which we should be aware? (if so, please explain)
3. Were diagnostic or other objective tests performed or was most information self-reported?

5. Details about medical examinations:
6. a) When did you first see [*insert employee's name]* for this condition? _____
7. b) When did you most recently see him/her for this condition? _____
8. Is there a continuing course of treatment planned? _____
9. Is [*insert employee's name*] taking any medication that might impact any

accommodation or her ability to perform her job?

We would appreciate receiving this information by [*insert date]*. Please fax this form to my attention at [*insert fax #]*. We will pay the reasonable costs associated with you providing this additional information. Thank you in advance for your assistance. Please contact me at [*insert phone #]* if you have any questions.

[*insert your signature block]*

Insider **Source**

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Resources

Article: How to Verify an Employee's Disability