

**SAMPLE LETTER  
to Medical Provider Requesting Supporting Documentation  
for Reasonable Accommodation under the ADA**

**(Use DJJ letterhead paper)**

Date:

Doctor's Name and address

Re: (Employee Name)

Dear Dr.

Your patient, \_\_\_\_\_, is an employee of the Department of Juvenile Justice and has requested a reasonable accommodation for their qualifying condition. In order to satisfy our obligations under the provisions of the Americans with Disability Act, the Department is requesting additional information to determine what appropriate accommodations should be provided. A signed Release of Medical Information is attached.

Because the Department is not qualified to interpret medical records, we ask that you do not send us copies of the employee's medical records. Instead, we ask that you please read and reply to the best of your ability, all of the questions on the attached "Certification of Health Care Provider - ADA" Form.

Thank you for your time and effort in fulfilling this request. If you should have any questions, please feel free to contact me at \_\_\_\_\_

Sincerely,

Attachments