



Date: 2/24/2023

To: Attending Physician

From: RA Specialist Name, Reasonable Accommodation (RA) Specialist, Office of Equal Employment Opportunity (OEEEO), CDC/OD/OEEEO

Subject: Medical Inquiry in Response to a Request for Reasonable Accommodation (RA) Employee Name, Employee Title, Employee Work Location/Division

Employee Name has made a reasonable accommodation request due to a disability. We are requesting your assistance in providing specific medical information concerning the impairment; and only need the information that specifically addresses the accommodation(s) requested:

RA Request

LEGAL REQUIREMENTS

Title 5 of the Code of Federal Regulations, part 339, subpart A, requires that employees who claim and medical condition as the basis for reasonable accommodation provide CDC with documentation from a licensed physician or other appropriate practitioner that provides information the agency considers necessary to enable it to make a RA determination. Please do not provide any genetic information when responding to this request for medical information. The Genetic Information Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II 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 ask that you not provide any genetic when responding to this request for medical information. "Genetic information" includes an individual's family medical history, the results of an individual's or family member's genetic test, the fact that an individual or an individual's family member sought or received genetic services, 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.

JOB FUNCTIONS AND DOCUMENTATION

Employee Name's job functions include the following:

List Job Functions

QUESTIONS FOR PHYSICIAN to ANSWER in SUPPORT OF A REQUEST FOR REASONABLE ACCOMMODATION:

Please address the functions Employee Name is unable to perform as a result of the impairment or medical condition in the questions/answers below:

- Does Employee Name have a physical or mental impairment?
- What is Employee Name's impairment? Please include the ICD-10/DSM-V code.
- What is the nature and severity of Employee Name's condition?
- How does this condition affect **his/her** ability to perform major life activities?
- What major life activities are impacted?
- What are Employee Name's functional limitations or restrictions?
- Employee Name has requested the following as an accommodation:
RA Request

Please explain the need for this accommodation based on **his/her** impairment.

AUTHENTICATION

Please ensure that you authenticate this information upon completion by providing us with the following information:

Signature:

Printed Name:

Title:

Date:

Office Contact Information (address, phone number and email):

CDC greatly appreciates your assistance in providing this information. Please return to the following point of contact:

RA Specialist Name
Centers for Disease Control and Prevention
Office of Equal Employment Opportunity
MS-US11-1EEO
11 Corporate Square
Atlanta, GA 30329

RA Specialist Email
RA Specialist Phone
RA Specialist Fax