

TO: EMPLOYEE'S NAME HERE

FROM: DISABILITY PROGRAM MANAGER'S NAME HERE

SUBJECT: Request for Medical Information

You have requested accommodations regarding a physical and/or mental impairment. As the Center Disability Program Manager (DPM), I am requesting medical information to help enable your supervisor to make an informed management decision regarding your request, based on an evaluation conducted by a medical professional. Specifically, I am requesting that a licensed physician or other appropriate practitioner complete the enclosed NASA Form (NF) 1699B, Medical Evaluation Form providing the following information:

1. The diagnosis;
2. The nature of your impairment, including the condition, manner, severity, and duration of the impairment, including the expected date of full or partial recovery;
3. The activity or activities limited by your impairment; and
4. The rationale for reasonable accommodation or the particular reasonable accommodation requested; more specifically, how the reasonable accommodation would assist you in your position to perform the essential functions of the job, to enjoy a benefit of the workplace.

We request that you provide the information requested as soon as possible, preferably within 15 calendar days from the date of this memorandum. The time period for processing the reasonable accommodation request under NASA Procedural Requirements (NPR) 3713.3, will be suspended until such time as: 1) I receive the medical information requested, 2) the NASA physician has reviewed and evaluated the information, and has notified me that the evaluation is complete, and 3) it has been determined that the medical information is sufficient to make a decision on your reasonable accommodations request. Only at this time will the time period for processing the request resume. (See NPR 3713.1, Section 3.3.2.) The suspense date will be documented on NASA Form 1699. If you need additional time to obtain the requested information, please let me know and we can discuss a reasonable extension.

Under the Rehabilitation Act, medical information obtained in connection with the reasonable accommodation process must be kept confidential. As such, only the individuals who requested the medical information or who need to evaluate or know about the necessary restrictions on your work or duties will be allowed access to it.

In addition to NF 1699B, I am enclosing a copy of your position description to assist your physician or other appropriate practitioner in determining accommodations that may be required for you to perform the duties of your position. In addition to the duties contained in your position description, I have also listed specific information on the requirements of your position, as follows: [FILL IN AS APPROPRIATE]

Note: 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 an individual or family member of the individual, except as specifically allowed by this law. 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.

Please sign below and return a copy to me upon receipt of this memorandum. Feel free to contact me at [DPM PHONE NUMBER] or [DPM EMAIL ADDRESS] if you have any questions regarding these instructions.

DPM’s Name
Title, Branch, Division or Directorate

Date

DPM’s Signature

Date

I acknowledge receipt of the document:

Employee’s Signature

Date

Instructions

This memorandum is intended to be a sample. As such it does not cover all eventualities and will need to be tailored to address different situations and circumstances. For example, if the requester is an applicant for employment, rather than a NASA employee, the memo would need to come from a Human Resources Specialist.