



Natural Resources Conservation Service
Civil Rights Division
5601 Sunnyside Avenue
Room 1-1102 B, Mail Stop 5472
Beltsville, Maryland 20705

May 23, 2006

Dear

Please have your physician provide the following information:

1. Diagnosis of the medical condition(s).
2. A discussion of how the condition(s) and /or treatment prevent you from performing your assigned duties. Additionally, your physician should explain the impact your condition is having on your life activities – both on and off of the job.
3. Medically recommended accommodations and the duration of each accommodation.
4. An explanation of how the recommended accommodation(s) will permit you to perform your full job duties.
5. Expectations regarding your ability to carry out your duties.
6. The prognosis, including plans for future treatment(s).
7. An estimated date for full or partial recovery.

The information provided will be treated in a confidential manner. Only individuals who are qualified to assist in interpreting it for the purpose of making administrative decisions regarding possible accommodation(s) efforts will review it.

Enclosed is an “Authorization to Release Medical Records and Information” form for you to complete and provide to your physician(s). Also please include a copy of your current position description for you to provide to your physician to assist in preparing a response to this request.

The medical documentation should be submitted and mailed in a sealed envelope, marked :
CONFIDENTIAL – TO BE OPENED BY ADDRESSEE ONLY to:

**Cliff Denshire,
National Disability Emphasis Program Manager
Natural Resources Conservation Service
Civil Rights Division
5601 Sunnyside Avenue
Room 1-1102 B, Mailstop 5472
Beltsville, MD. 20705-5472
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