Sample Functional Capacity Evaluation Agency Request Letter

[Date]

[Medical Provider Office Name]
[Physician/practitioner's Name]
[Address]
[Phone] [Fax]

Dear Dr. [name]:

Your patient, *(if applicable)* [employee name], is an employee of [agency/office]. Recently, the agency has observed [performance/conduct] raising concerns about [Mx. employee name]'s ability to perform the essential and ancillary job duties of the position which [he/she/they] hold.

The purpose of this letter is to request a medical evaluation concerning [Mx. employee last name]'s functional capacity to perform the job duties and work-related requirements of the position which [he/she/they] hold, including any permanent or temporary restrictions or need for a work accommodation to enable [him/her/them] to perform these functions.

[Include relevant job-related information.

- *a summary of the behavior/performance observations that lead to the agency's concerns.*
- *position description or list of job duties and work-related tasks*
- *work-related demands associated with the employee's job duties such as stress tolerance, critical attention to detail, independent judgment, or environmental factors (cold, hot, noise levels)]*

The enclosed Functional Capacity Evaluation Form contains a release signed by [Mx. employee last name], which authorizes you to provide medical information related to [his/her/their] ability to perform the job duties and work-related requirements, including any permanent or temporary restrictions or need for a work accommodation to enable [him/her/them] to perform the functions of the position which [he/she/they] hold.

To ensure confidentiality, please reply directly to me at [fax/email]. If you prefer, your response may also be returned using the enclosed self-addressed, postage-paid envelope. If you have any questions or require additional information, please contact me at [telephone number].

Sincerely,

[Authorized signature]

[Printed name]
[Job title]
[Phone number]

NOTE: Requests for medical information MUST be performed by a human resource professional, leave administrator, or other designee. Under NO circumstances may the employee's immediate supervisor contact the employee's health care provider.

Sample Employee Authorization for the Release of Medical Information

Instructions: Agencies may use the forms provided below (DOP-FCE1, DOP-FCE2) or equivalent forms to obtain the employee's authorization for the release of medical information and FCE by the medical provider.
The agency must sign and retain the employee's release authorization. The employee must also complete and sign the Employee Authorization for the Release of Medical Information section of the Functional Capacity Evaluation (Form FCE-2) provided to the health care provider for completion.

I, [employee name], hereby authorize [health care provider] to furnish written confirmation to my employer, [agency name, address, and title of agency representative], regarding my functional capacity to perform the work-related requirements, essential and ancillary functions of my job duties, including any limitations or restrictions on my ability to perform the functions of my position, an estimated length of incapacity or date for re-evaluation and any devices, equipment, or accommodations I require to enable me to perform these functions.

I, [employee name], understand that I may revoke this authorization at any time by sending a written statement to [employer name and address]. The statement must identify this authorization by referring to its signed date (below) and include the date on which this authorization is no longer in force. I understand that if I revoke this authorization, my employer may still use and disclose information for which action has already been taken in reliance on this authorization.

____________________________________ ________________

Employee’s Signature Date

____________________________________ ________________

Employee’s Printed Name Date

____________________________________ ________________

Agency Representative Signature Date