

**EMPLOYING AGENCY
ADDRESS
CITY, STATE ZIP**

Sample Letter 1

Date
Employee Name
Employee Address
Employee City, State Zip

Used to OFFER an Agency Medical Exam for non-work-related medical conditions and reasonable accommodation requests where objective medical evidence is needed to make an informed employment decision.

Dear Employee:

In accordance with 5 CFR 339.302, you are scheduled for a physical examination to obtain objective medical information related to your request for reasonable accommodation, dated X date.

[Details of the exam] You are scheduled for a Functional Capacity Exam at the Physical Therapy Center, Address, City, State Zip on DATE. You are instructed to report at TIME on DATE to begin your examination. Further instructions will be provided by the Physical Therapy Center regarding your appointment on DATE. This examination will be conducted at this Agency's expense and you will not be charged leave to attend this examination. **[If exam is off station at some distance]** You are entitled to reimbursement for reasonable expenses in connection with your travel to the physician's office. Attached is a form for claiming such reimbursement **[travel voucher]**.

This examination is offered to determine X **[state the medical issues to be addressed.]**

Should you have any questions concerning this matter, please contact **[whomever at whatever phone number]**.

Sincerely,

Chief, Human Resources