

**Cover Letter to Accompany the Request for Medical Information**

Date:
Re:
DOB:

Dear Health Care Provider:

The above named individual has been referred to you to help evaluate the extent to which he/she can participate in employment or job preparation services including job search, on-the-job training, job skills training, vocational rehabilitation or training, and educational activities including classroom instruction. Additionally, it is important to determine if participation in treatment or rehabilitation is warranted. We also need your assessment of the expected length of the impairment. If the individual has severe impairments that are expected to last at least 12 months or result in death, it may indicate that it would be most appropriate for the district to refer the individual to apply for federal disability benefits.

If the individual is capable of participating in employment or job preparation services in any capacity, we are also requesting information regarding the nature of any limitations so that appropriate accommodations are provided.

Please complete the enclosed medical form. If additional space or clarification is needed in any area, please attach the additional information. Treatment intensity should correspond to the severity of the condition. If, in your opinion, the individual is completely unable to participate in any activities and would not benefit from rehabilitation or treatment, please indicate that so the individual may be referred to the proper agencies and services.

I can be reached at \_\_\_\_\_ if you require additional information.  
Thank you for your time and consideration in this matter.

Sincerely,

\_\_\_\_\_  
Worker Name

\_\_\_\_\_  
Title