

**REQUEST FOR OPINION FROM MEDICAL SPECIALIST**

Date:

[insert name/address doctor]

Re: Request for Medical Opinion re Workplace Accommodations  
Employee/Applicant Name: \_\_\_\_\_

Dear Doctor \_\_\_\_\_:

Pursuant to the Pacific Coast Walking Bosses & Foremen (PCWB&FA) Agreement Policy on ADA Compliance and Reasonable Accommodation (the "Policy"), the Joint Foremen's Labor Relations Committee ("JFLRC") requests an opinion from you in your role as the designated Medical Specialist in the Port of \_\_\_\_\_.

The below-listed employee/applicant is scheduled to be evaluated by you at the following date and time in connection with his/her request for workplace accommodations:

**Name of Employee/Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

The JFLRC requests that you render your opinion based on any considerations you deem appropriate. They may include, without limitation, an independent medical examination of the employee/applicant by you or another an appropriate health care practitioner whom you may designate, the employee/applicant's medical history, medical tests, x-rays, and any other considerations you deem appropriate in making your opinion.

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**Request for Opinion from Medical Specialist  
ADA Policy**

Attached hereto is the written request for accommodation provided to the JFLRC by the employee/applicant, as well as a signed medical release authorizing his/her treating providers to release relevant medical information to you. Also attached is all additional documentation or information the employee/applicant has provided to the JFLRC (if any).

Once you have completed your examination, please provide the JFLRC with a written report setting forth your opinion as to the following:

1. Whether the employee/applicant suffers from a disabling condition which limits one or more major life activity;
2. The functional abilities and limitations of the employee/applicant with respect to the essential functions of the following job assignment(s):
3. The feasibility of the workplace accommodation requested by the employee/applicant; and
4. Possible alternate workplace accommodations that, in your opinion, would permit the employee/applicant to perform the job assignment(s) listed in Item 2, above, if any.

Under the terms of the PCWB&FA Policy, your written report is due no later than fourteen (14) days following your examination of the employee/applicant. Please provide the JFLRC with your report by mail and facsimile to the following address:

PCWB&FA JOINT FOREMEN'S LABOR RELATIONS COMMITTEE  
P.O. Box \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Fax: \_\_\_\_\_

Very truly yours,

PCWB&FA  
JOINT FOREMEN'S LABOR RELATIONS COMMITTEE

For the Union:

For the Employers:

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