

**REQUEST FOR ADDITIONAL MEDICAL INFORMATION - SAMPLE LETTER
(1700)**

(No. 20 January 1999)

STATE OF CALIFORNIA - THE RESOURCES AGENCY

PETE WILSON, Governor

DEPARTMENT OF FORESTRY AND FIRE PROTECTION
(Address)



(Date)

Reference:

Dear _____:

_____ has applied for a _____ position with the California Department of Forestry and Fire Protection (CDF).

In order to assure that this employee is properly placed, the CDF Medical Services Program staff will need further information regarding his/her medical history. Please submit copies of his/her medical records or a narrative that describes the following:

1. Actual diagnosis.
2. Prognosis.
3. Treatment.
4. Limitations for physical activity while doing very heavy work in extreme environments such as heat, cold, smoke, and work conditions that may result in limited opportunities to sleep, eat, or obtain fluids.

Attached for your information is a duty statement that outlines the duties and responsibilities for the position along with an Environmental/Physical/Psychological Job Demand Statement for the position.

Your immediate assistance in this matter is greatly appreciated. Please submit the information above to the California Department of Forestry and Fire Protection, (Regional Nurse Practitioner), (Location), as soon as possible.

Sincerely,

(Region/Unit Chief or Designee)

Attachments