

ILWU-PMA
JOINT WALKING BOSSES & FOREMEN'S COAST
LABOR RELATIONS COMMITTEE

Foremen's Union
411 North Harbor Blvd.,
Suite 303
San Pedro, California 90731

Pacific Maritime Association
555 Market Street
Third Floor
San Francisco, California 94106

«LetterDate»

[insert address]

Dear Dr. []:

Request for Medical Opinion from Medical Specialist Regarding Workplace Accommodations

Pursuant to the Joint Walking Boss & Foremen's Coast Labor Relations Committee (JWB&FCLRC) Policy on ADA Compliance and Reasonable Accommodation (the Policy), the Joint Foremen Labor Relations Committee (JFLRC) requests an opinion from you in your role as the designated medical specialist in the Port(s) 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: «FirstName» «LastName», #«PayrollNo»

Date: «MeetingDay», «MeetingDate»

Time: «MeetingTime»

The JFLRC requests that you render your opinion based on any considerations you deem appropriate. These may include, without limitation, an independent medical examination of the individual by you or another appropriate health care practitioner whom you may designate, his/her medical history, medical tests, x-rays, consultation with his/her health care provider, and any other considerations you deem appropriate in making your opinion.

Attached is the written request for accommodation provided to the JFLRC by the individual, as well as a signed release authorizing his/her treating providers to release relevant medical information to you. Also attached is all additional documentation or information he/she 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; and
2. The functional abilities and limitations of the employee/applicant with respect to performing the essential functions of the job.

Dr. []
«LastName», #«PayrollNo»
«Letterdate»
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Under the terms of the Policy, your written report is due no later than 14 days following your examination. Please provide your report by hand delivery or mail under confidential cover, to the JFLRC.

JOINT FOREMEN LABOR RELATIONS COMMITTEE

«RefInitial»
cc: Local «LocalNo»