



September 13, 2022

To Whom It May Concern:

**RE:** Matthew Bobus, date of birth 07/26/1985

This patient of mine has a diagnosis of attention deficit disorder.

The patient has seen me for quite some time for management of this condition.

The patient is currently treated with Vyvanse 50 mg once daily and Adderall 20 mg twice daily.

On many days, this regimen does afford the patient the opportunity to remain engaged in work in the sense that he has improved concentration and attention.

The patient is currently struggling with being required to be at work for a full 40-hour workweek with respect to undertaking lifestyle modifications which could help to further treat his attention deficit issues.

Specifically, the patient has been advised by me to increase his regular engagement in cardiovascular exercise. He has been advised to do a minimum of 30 or more minutes on at least 3 occasions per week and doing more than that can also provide additional benefit.

It is also important that the patient is able to schedule adequate time for sleep of 7 to 8 hours each night.

For these reasons, we are requesting a workplace accommodation of working 8 less hours per week and to have those 8 hours taken out all on one day of the week.

If accepted, this accommodation request should be in effect between September 19, 2022 and December 31, 2022.

I will see the patient on December 13, 2022 to reevaluate whether we will make additional requests past the end of the year.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'Eric Christoff', with a long, horizontal flourish extending to the right.

Eric Christoff MD  
NPI 1245287317  
Phone 773 388 1600

Dear Healthcare Provider:

Matthew Babus

Your professional opinion regarding the current medical condition of one of our employees is needed so that we can determine if the condition prevents or substantially limits them from performing the essential functions of their job, and therefore, requires an accommodation to help the employee meet their current job requirements. The medical information will be reviewed by JPMorgan Chase Health Services and will be subject to periodic review as needed.

## Employee to Complete

I am currently under the care of \_\_\_\_\_. I authorize the release of the requested information which includes information about my medical condition, and I also authorize direct communication between my treating physician and health services if needed to clarify information that is submitted. This information is needed to determine if I qualify and can be granted a reasonable accommodation by JPMorgan Chase.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ SID: \_\_\_\_\_

## Healthcare Provider to Complete

Is this employee currently under your care for a physical/mental/behavioral condition that has or could affect their ability to perform their job?

Yes

No

What is the condition(s) or impairment(s) that you are treating for this employee and how long have you been the treating provider? For mental health conditions(s) or impairment(s) please include DSM-IV diagnosis if available.

Attention deficit disorder F90.0 ICD 10

What is the expected duration of the condition(s) or impairment(s)?

Ongoing

What elements of their job is your patient not able to perform?

Patient can perform expectations of the job and does not require restrictions to the job description.

Do you have any recommendations regarding possible modifications to help improve their job performance? Please explain.

Patient is currently in need of reducing the hours per week worked so that he can be more proficient at job performance while at work with less distractions and inattention.

# JPMORGAN CHASE U.S. ACCOMMODATION REQUEST FOR MEDICAL INFORMATION

If you are recommending a return to work with restrictions or a work schedule change for this employee, please explain the recommendation(s) with as much specificity as possible (e.g., hours per day, days per week, etc.) and your opinion why this is medically necessary.

Patent should be accommodated by  
reducing work schedule by 8 hours per week  
on one work day.

I am the treating healthcare provider. I am familiar with the current health status of this employee and I am qualified to give this opinion.

Healthcare Provider Signature: Eric Christoff Date: 9/13/2022

Healthcare Provider (Print Name): Eric Christoff, MD

Medical Specialty: Internal Medicine

Address: 6500 N. Clark Street Chicago, IL 60626

Phone: 773 388 1600 FAX: 773 388 564-4156

Please fully complete, sign, and return this form by \_\_\_\_\_ to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.