

## **MS 624 Attachment A - Sample Proof of Disability Letter**

***The letter must be printed on the “medical professional’s” letterhead and must include a signature, or it is invalid.***

Date:

To Whom It May Concern:

This letter serves as certification that (name of patient/applicant) is an individual with an intellectual disability, severe physical disability or psychiatric disability, and can be considered for federal employment under appointment authorities for individuals with disabilities or the federal Schedule A hiring authority, 5 CFR 213,3102(u). Thank you for your interest in considering this individual for federal employment. You may contact me at (phone number).

Sincerely, (medical professional’s signature)

(medical professional’s title)