

Reasonable Accommodation Request Form

[This is a confidential form and will be submitted by the requesting applicant/employee directly to Human Resources. Only employees are expected to complete workplace information.]

Employee or Applicant Name: _____ Job Title: _____

Phone #: _____ Address: _____

E-mail Address: _____ Request Date: _____

To be completed by Physician:

Part A. Questions to help determine whether an employee has a disability

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.

A person has a disability under the ADA if the person has an impairment that substantially limits one or more major life activities. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment? Yes No

Nature of the impairment: (Describe the nature, extent, and duration of the impairment)

Is the impairment long-term or permanent? Yes No

If not permanent, how long will the impairment likely last? _____

Does the impairment substantially limit the employee's performance of a major life activity or activities? Yes No

If yes, what major life activity(ies) is/are affected? _____

To Be Completed by Physiscian:

Part B. Questions to help determine whether an accommodation is needed.

What limitation(s) is/are interfering with job performance? _____

What job function(s) is/are the employee having trouble performing because of the limitation(s)?

How do/does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

To be completed by Physician:

Part C: Questions to help determine effective accommodation options.

Do you have any suggestions regarding possible accommodations to permit the employee to perform the essential functions of his/her job? _____

To be completed by Physician:

Part D: Comments and Signature

Please add any other comments: _____

Physician's Signature:

Name (Print)

Date

Signature