



**Medical Provider Form: ADA Reasonable Accommodation Request**

**Completed by Employee:**

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Completed by Physician / Medical Provider**

The Americans with Disabilities Act (ADA) describes a disability as a physical or mental impairment that substantially limits one or more major life activities or a major life function(s).

1. Please review the attached job description. (If no job description is attached, please discuss the position with the employee to determine essential job duties). Is the individual able to perform the essential job functions of this position with or without reasonable accommodation?

Yes       No

2. Does the employee have a physical or mental impairment?

Yes       No

3. If yes, please describe the mental or physical impairment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the impairment permanent?     Yes       No

5. If not permanent, what is the expected duration of the impairment? \_\_\_\_\_

6. What are the employee's specific **work restrictions** and/or **functional limitations**? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How long will these work restrictions be in place? \_\_\_\_\_  
Anticipated end date: \_\_\_\_\_

8. What job function(s) is the employee having trouble performing because of the limitation(s)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you have any suggestions regarding possible accommodation(s) to improve job performance? If so, what are they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Provider's Name: \_\_\_\_\_

Medical Provider's Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Medical Provider's Signature

\_\_\_\_\_  
Date

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

**Return Completed Form to:**

**University of Utah Human Resources Management**

**Phone (801) 581-2169 | Fax (801) 585-7375**

**Email: [hraccommodations@utah.edu](mailto:hraccommodations@utah.edu)**