

**Request for Medical Information for
Reasonable Accommodation for Employee**

Date: _____

To: _____
Physician or Medical Provider

From: Christina M. Fleeger
Executive Director of Human Resources/
Equal Opportunity Compliance Officer

Subject: Request for Medical Information Needed to Assist in Providing a Reasonable
Accommodation for: _____

Butler County Community College is attempting to provide reasonable accommodation to the employee indicated to assist in providing employment or participation in a program, activity or service. The information requested below is confidential and will only be used to determine the specific equipment and/or services necessary to accommodate the identified limitation or the verified disability.

Under Americans with Disabilities Act, an individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more major life activities (major life activities may include walking, breathing, speaking, performing manual tasks, seeing, hearing, learning, caring for oneself, sitting standing, lifting or reading)
- Has a record of such an impairment; or
- Is regarded as having such an impairment.

Please take the above definition into consideration and answer the following questions with respect to the employee's request for reasonable accommodation.

1. Does the individual have an impairment that limits a major life activity?

YES NO

If yes, please describe the limitation. _____

2. Is the disability permanent? YES NO

Length of anticipated duration _____

3. From the enclosed job description, specify the job duty(s) that the employee cannot perform.

4. What specific restrictions does the employee have? _____

5. How does the limitation(s), impair the ability of the Employee to perform the job duty described above?

Physician Signature _____

Date _____

Physician Name Printed _____

Address _____

Telephone Number _____