

**Request for Medical Information for
Reasonable Accommodation for Applicant**

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 applicant indicated to assist in providing assistance with the application process. 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 applicant'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. Specify what portion of the application process the applicant cannot complete.

4. What specific restrictions does the applicant have? _____

5. How does the limitation(s), impair the ability of the applicant to complete the application process?

Physician Signature _____

Date _____

Physician Name Printed _____

Address _____

Telephone Number _____