

DOCUMENTATION OF DISABILITY OR IMPAIRMENT

TO BE COMPLETED BY HEALTHCARE PROVIDER

Instructions to Healthcare Provider:

Your patient has requested a disability accommodation in their workplace. Please answer completely all applicable parts of this form. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your responses should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Please limit your responses to the condition for which the employee is seeking accommodation. Please be sure to sign the form on the last page.

Please return this completed document via U.S. mail, email, fax or in person to:

Office of Compliance, Equal Opportunity and Affirmative Action
Kent State University
635 Loop Road, PO Box 5190
Kent, Ohio 44242-0001
Phone: 330-672-2038 | Fax: 330-672-3040
Email: aa_eeo@kent.edu

KENT STATE UNIVERSITY
Office of Compliance, Equal Opportunity and Affirmative Action

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Please type or print legibly.

Patient Name: _____

Healthcare Provider Name and Title: _____

Healthcare Provider Practice Type: _____

Healthcare Provider Address: _____

Healthcare Provider Telephone Number: _____

Please describe the disability or impairment for which an accommodation is requested.

If known, how long is the disability or impairment expected to last?

Please review the job description provided and identify the job tasks the patient is likely to have difficulty performing due to their disability/impairment.

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Are you aware of any accommodations that may enable this patient to effectively perform the essential functions of their job? If so, please describe your suggestions.

How long is the patient's need for an accommodation(s) (listed above) expected to last, if known?

I affirm the above-mentioned patient has been evaluated for the said disability/impairment, and the information provided in this form is true and accurate to the best of my knowledge

Healthcare Provider Signature

Date

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The Office of Compliance, Equal Opportunity & Affirmative Action may contact you for additional information with employee's permission.