

Medical Provider Report

Date: _____

Name of Employee: _____

Name and Title of Person Completing this Form (please print):

1. Does this individual have a physical or mental impairment?

If yes, what is the diagnosis?

2. Does the impairment substantially limit one or more major life activities? (Major life activities are those which an average person can perform with little or no difficulty such as walking, talking, hearing, seeing, thinking, concentrating, working with others, etc.)

3. Describe the nature, severity and anticipated duration of the impairment.

4. If the employee has an impairment that substantially limits one or more major life functions, please list what, if any, medications and/or other corrective measures are currently prescribed to control or eliminate the individual's symptoms and/or limitations. Please describe how the impairment is mitigated and include information about any side effects that the individual experiences in light of the use of the medications and/or corrective measures outlined.

5. Is the employee high risk for severe infection from COVID-19 due to the impairment?

6. Please list any specific functional limitations resulting from the impairment.

7. Based on the attached position description, noting the essential functions of the position, how do the functional limitations listed impact the individual's ability to perform the essential functions identified?

8. If you answered "Yes" to questions #1 and #2, are there any reasonable accommodations you would suggest that may enable him/her to perform the essential functions identified? If so, what suggestions do you have?

9. If you indicated telecommuting is a potential reasonable accommodation, are there any other reasonable accommodations which would allow the employee to work in the office?

10. If you answered "Yes" to questions #1 and #2, could you please describe the ideal work environment for mitigating the effects of the impairment on the individual?

11. If the individual is required to drive, what modifications should be made to a work vehicle in order to allow him/her to safely and effectively drive the vehicle while not causing flare-ups of his/her condition?

Doctor's Signature: _____

Date: _____