# Workplace Accommodation Medical Information Form

To be completed by a licensed health care provider describing the employee's medical condition, diagnosis, and/or disability for the purposes of determining the appropriate job accommodations.

**TO BE COMPLETED BY EMPLOYEE**

I authorize my medical provider(s) _____ to complete this form based on information from my patient file and provide this form to the District 120 Human Resources Director.

First Name: _____ Middle Initial: _____ Last Name: _____

Signature: _____ Date: _____

**TO BE COMPLETED BY THE HEALTH CARE PROVIDER**

Provider's Name: _____

Provider's Business Address: _____

Type of Practice/Medical Specialty: _____

Telephone: (____) _____ Fax: (____) _____

**Please describe the employee's medical condition, diagnosis and/or disability.**

**When did the medical condition(s) and/or disability begin?**

**How long is the condition and/or disability expected to last? If the condition and/or disability is permanent, please indicate.**

**Please describe the major life activities (e.g., breathing, eating, sleeping, walking, manual tasks, reading, bending, communicating, sitting, etc.) or bodily functions (e.g., digestive, neurological, musculoskeletal, etc.) that are substantially limited by the medical condition or accompanying treatment.**

**Please describe how these limitation impact the employee's ability to perform their job.**

**What accommodation(s), if any, would you recommend for this employee?**

**If the recommended accommodation(s) is not permanent, what is the likely duration of your recommended accommodation(s)?**

**Could the condition(s) and/or disability be considered a direct threat to others or is the employee taking medications or receiving treatments that would be expected to affect job performance, which would pose a direct threat or safety risk?** ◯ **YES** ◯ **NO**

**If yes, please explain:**

**Signature of Health Care Provider: _____ Date: _____**

***When completed please fax this form to (847)388-4846, with CONFIDENTIAL: ATTN D120 HR on the cover page.***