

LSU
Office of Civil Rights and Title IX

Employee Accommodation Request:

PROVIDER FORM

SECTION I. EMPLOYEE INFORMATION: TO BE COMPLETED BY EMPLOYEE	
Employee Name:	Email:
Employee's Supervisor:	Telephone:
SECTION II. MEDICAL INFORMATION: TO BE COMPLETED BY PHYSICIAN	
<i>For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability and whether the requested accommodation is needed because of the disability:</i>	
HISTORY	
Does the employee have a physical, psychological, or other impairment which causes limitation(s)?	
If yes, what is the nature of the limitation(s)?	
Diagnosis:	
Subjective symptoms:	
When did the symptoms first appear (Date and Year)?	
Date employee ceased work because of disability?	
Has employee ever had same or similar condition?	
Does the impairment substantially limit a major life activity as compared to most people in the general population? If so, please state.	
REQUESTING ACCOMMODATION	
What limitation(s) is interfering with job performance or access to a benefit of employment? (list medical limitation(s) here)	

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What job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)? (list job function(s) or benefit(s) here)

Would job modification enable patient to work with impairment?

Yes

No

ACCOMODATION OPTIONS

Do you have any suggestions regarding proposed accommodations to improve job performance?

Yes

No

If so, please state.

Is the proposed accommodation temporary or permanent?

Temporary

Permanent

Is temporary, for how long?

How would your suggestions improve the employee's job performance?

SECTION III. COMMENTS NOT OTHERWISE ADDRESSED

SECTION IV.

Healthcare Provider's Name: _____ Date: _____

Phone #: _____ Street address: _____

City: _____ State: _____ Zip code: _____

Healthcare Provider's Signature: _____

*Please return form to Louisiana State University, Office of Civil Rights and Title IX, 118 Himes Hall, Baton Rouge LA 70803 Attn: Jennie Stewart, ADA Coordinator
employeeacc@lsu.edu*

(225) 578-9000 phone

(225) 578-4442 FAX