

LSU
Office of the ADA Coordinator
Employee Accommodation Request:
HEALTHCARE PROVIDER FORM

Section 1: TO BE COMPLETED BY EMPLOYEE

Employee Name:	Employee's Email:
Employee's Supervisor:	Employee's Phone:

Section 2. MEDICAL INFO: TO BE COMPLETED BY HEALTHCARE PROVIDER

For reasonable accommodation under the ADA, an employee has a disability if one 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 what accommodation is needed to afford equal access.

History:

Does the employee have a disability that substantially limits a major life activity as compared to most people in the general population?

If yes, what is the nature of the limitation(s)?

Diagnosis:

Subjective Symptoms:

When did the symptoms first appear (date and year)?

Date (MM, DD, YY) employee was last seen healthcare provider completing this form:

Date employee ceased work because of the disability (MM,DD,YY)

Has the employee ever had the same or similar condition?

Requesting Accommodation:

What limitation(s) is interfering with job performance or access to benefits of employment?
list limitation(s) below:

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) below:

Accommodation Options:

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

Yes

No

If yes, please state:

Is proposed accommodation temporary or permanent

Temporary

Permanent

If temporary, for how long?

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

Section 3. Comments Not Otherwise Addressed

Section 4. Signature

Healthcare Provider's Name: _____ **Date:** _____

Phone#: _____ **Street Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Healthcare Provider's Signature: _____

Please return form to the employee applying for accommodations.

If you require additional information, please contact:

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Baton Rouge LA 70803
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(225)578-9442 FAX*