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:

Louisiana State University

Office of the ADA Coordinator

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Baton Rouge LA 70803

employeeacc@lsu.edu

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(225)578-4442 FAX