# Medical Provider Form

This form is to be completed by a certified health professional for a University of Chicago faculty, an other academic appointee, or a postdoctoral researcher.

The Office for Access and Equity reviews accommodation requests made by faculty, other academic appointees, and postdoctoral researchers with disabilities. OAE approves effective reasonable accommodations that enable faculty, other academic appointees, and postdoctoral researchers with disabilities to perform all of the essential functions of their job unless the accommodation requested would cause undue hardship.

In certain circumstances, particularly where the disability and/or need for accommodation is not obvious, OAE will request that the faculty, other academic appointee, or postdoctoral researcher provide reasonable documentation from their provider to establish that the person has a disability and that the disability requires a reasonable accommodation under the Americans with Disabilities Act (ADA). The ADA defines disability as a physical or mental impairment that substantially limits one or more major life activities. Further, under the ADA, a reasonable accommodation is any change to the work environment or in the way things are done that enable a person with a disability to perform their essential job functions. Accommodations may include (but are not limited to): making existing facilities accessible, job restructuring, part-time or modified work schedules, acquiring or modifying equipment, changing tests, training materials, or policies, providing qualified readers or interpreters, and reassignment to a vacant position. A reasonable accommodation may not impose undue hardship, meaning, that they should not be unduly costly, extensive, disruptive, fundamentally alter the nature or operation of the work, or violate an existing Collective Bargaining Agreement. Also, an accommodation is not reasonable if it seeks to remove of fundamentally alter any essential job function. To standardize the gathering of such information, OAE asks that the provider complete this form.

Faculty/ Other Academic Appointee/ Postdoctoral Researcher Consent

(for completion by faculty, other academic appointee, or postdoctoral researcher)

Faculty/ Other Academic Appointee/ Postdoctoral Researcher Name Click or tap here to enter text.   
  
I, Click or tap here to enter text., authorize my health-care provider above to release medical information requested in this form to the University of Chicago Office for Access and Equity in Equal Opportunity Programs. The medical information requested on this form is used to determine eligibility for reasonable accommodation for my disability while a faculty, other academic appointee, or postdoctoral researcher at the University of Chicago.

Signature of Faculty/ Other Academic Appointee/ Postdoctoral Researcher: Type your signature here.

Date: Click or tap to enter a date.

Faculty/ Other Academic Appointee/ Postdoctoral Researcher

Position Description

(for completion by faculty, other academic appointee, or postdoctoral researcher)

Job Title Click or tap here to enter text.

Job Summary (provide a description of your key responsibilities or submit a copy of your job description (additional information may be provided by your academic affairs representative or the Office of the Provost) Click or tap here to enter text.

Certifier Information

(for completion by provider)

Clinician Name Click or tap here to enter text. Clinician Signature Click or tap here to enter text.  
  
Medical Specialty Click or tap here to enter text.,

License/Certification # Click or tap here to enter text. Issuing State Click or tap here to enter text.

Phone Click or tap here to enter text. Email Address Click or tap here to enter text.

Street Address or website of Practice Click or tap here to enter text.

Date of Form Completion: Click or tap to enter a date.

Patient Information

1. Date of initial contact with patient Click or tap here to enter text.
2. Date of most recent contact with patient Click or tap here to enter text.

Approximate frequency of contact with the patient since initial contact

Click or tap here to enter text.

1. Please describe the nature of the patient’s condition.

Click or tap here to enter text.

1. Please provide any relevant information regarding the duration of the condition? Click or tap here to enter text.
2. Describe the functional limitations resulting from this condition (e.g., physical, cognitive, perceptual abilities).

Click or tap here to enter text.

1. Describe the severity of the limitations and the impact on performing tasks in daily living (e.g. inability to walk farther than 50 feet, unable to drive).

Click or tap here to enter text.

1. Describe any current and/or anticipated impact in the workplace considering the patient’s essential job responsibilities (e.g., headaches caused by computer glare, fatigue).

Click or tap here to enter text.

1. If the patient is undergoing treatment, please describe how the treatment may affect the condition and/or result in side effects that will impact the patient in the workplace considering the patient’s essential job responsibilities.

Click or tap here to enter text.

1. If the patient is taking medication, please describe how the medication may mitigate the symptoms of the condition and/or result in side effects that may impact the patient in the workplace considering the patient’s essential job responsibilities.

Click or tap here to enter text.

Please offer specific recommendations for reasonable accommodations (*e.g.*, workplace modifications or adjustments), which based on your assessment of the aforementioned functional limitation(s), will enable the patient to perform the essential functions of their job.

Click or tap here to enter text.

Please provide any additional information that you think will be useful in evaluating the nature and severity of your patient’s disability that will inform the determination of eligibility for disability services and accommodations.

Click or tap here to enter text.

Please return this form to the University of Chicago, Office for Access and Equity

Email: [equalopportunity@uchicago.edu](mailto:equalopportunity@uchicago.edu) Phone 773.702.4913 Fax 773.834.1039

Attn: Office for Access and Equity/ CONFIDENTIAL