



Dear Healthcare Provider:

Your patient is an Emerson College employee and has authorized release of the following information to Emerson College for the purposes of evaluating his/her request for **reasonable accommodations** due to a disability. As the employee's healthcare provider, you are asked to fully complete the form below. You may attach additional information if necessary.

To assist you, your patient has completed the attached, **Form A: *Employee Request for Reasonable Accommodation.***

Please return the completed form to the following email address within 30 days of receipt of this request: [hr@emerson.edu](mailto:hr@emerson.edu)

With Best Regards,

Emerson College Human Resources

## Employee Release for Medical Documentation

(Employee/Patient to Complete)

Employee/Patient Name:	
Employee's job title and essential functions of the job (attached job description as well):	
<p><b>Employee/Patient Authorization</b></p> <p>I authorize the release of the following information to Emerson College for the purposes of evaluating my request for reasonable accommodations and further authorize Emerson College to seek clarification of this documentation if necessary by contacting my health care provider.</p>	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Employee Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date

## Healthcare Provider Documentation

(Healthcare Provider to Complete)

**Under the ADA, an employee has a disability that may qualify for reasonable accommodation(s) if the employee has an impairment that substantially limits one or more major life activities or if the employee has a record of such an impairment.**

Major Life Activities			
Does the employee have a physical or mental health impairment that substantially limits one or more life activities or has a record of such an impairment?			Yes: No:
If "yes," please check below which major life activities are affected:			
Bending	Hearing	Reaching	Standing
Breathing	Interacting with others	Reading	Thinking
Caring for Self	Learning	Seeing	Toileting
Concentrating	Lifting	Sitting	Walking
Eating	Performing manual tasks	Sleeping	Working
		Speaking	

**Major Life Activities:** Please provide additional information about impact on major life activities so that we are better able to assist the employee with the accommodation request:

<b>Disability Information</b>	
Is this employee under your care for his/her disability?	Yes No:
What is the nature of the patient's disability?	
What is the expected duration of the employee's limitation?	
How does the disability affect the employee's ability to perform the essential functions of his/her job and, if applicable, affect access to training programs and other workplace activities and events, etc.?	

<b>Health and Safety</b>	
Are there any activities or situations that should be avoided or that would present a health or safety risk to the employee or others due to the disability	Yes No
If yes, please explain:	

<b>Reasonable Accommodation: Essential Job Functions</b>	
What if any accommodations you recommend so that this individual can perform the essential functions of the job? Please describe below and provide duration of each accommodation.	
<b>Suggested Accommodation(s)</b>	<b>Duration</b>
<b>Reasonable Accommodation: Access to Workplace Programs and Activities</b>	
What if any accommodations you recommend so that this individual can enjoy access to training programs and other workplace activities and events, etc.? Please describe below and provide duration of each accommodation	
<b>Suggested Accommodation(s)</b>	<b>Duration</b>

Thank you for your assistance in providing this information so that Emerson College may assess the employee's request. Please sign and date below:

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Healthcare Provider Signature

Date

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Provider Name (Printed)

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Telephone Number