



# Covid 19 Reasonable Accommodations Request

## Health Care Provider Form

### Healthcare Provider Only

**For reasonable accommodations 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.**

Have you reviewed the employee's job description?  Yes  No If *no*, please do so before filling out the remainder of this form.

Does the employee have a physical or mental impairment?  Yes  No If *yes*, what is the impairment or the nature of the impairment?

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Answer the following questions on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behaviors or adaptive neurological modification, physiotherapy, behavioral therapy and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major lie actively as compared to most people in the general population?  Yes  No OR, describe the employee's limitations when the impairment is active

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If yes, what major life activity(s) (includes bodily functions is/are affected)?

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What limitation(s) is/are interfering with job performance or accessing a benefit of employment?

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What job function(s) or benefits of employment is/are the employee having trouble performing or accessing because of the limitations(s)?

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How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access a benefit of employment?

Three horizontal light blue lines for text entry.

**If an employee has a disability and needs accommodations because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions will assist the Burlington-Edison School District in determining what accommodations(s) would be appropriate for the employee.**

Do you have any suggestions regarding possible accommodations?  Yes  No *If yes, what are they?*

Three horizontal light blue lines for text entry.

Specific accommodations required if disability results from employee's age/health putting him/her at a higher risk of COVID?

Four horizontal light blue lines for text entry.

Additional comments related to this accommodation certification:

Four horizontal light blue lines for text entry.

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

My signature indicates that I have read and understand the employee's job description and the listed tasks within the job description and that my findings are based on my medical assessment of the employee's physical capabilities as compared to the essential functions of the job.

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_