



310 E. 18th Street - Joshua, TX 76058
Phone: 817-202-2500 or 817-426-7500
Fax: 817-641-2738 or 817-645-8110

PHYSICIAN REQUEST FOR ACCOMMODATION

Please complete this form and return to Debra Brakel, Associate Director of Human Resources.
310 E. 18th Street Joshua, TX 76058 or e-mail it to brakeld@joshuaisd.org

Employee Name _____ Position _____

Department/campus _____ Job description attached: ☐ Yes ☐ No

To be completed by the employee's health care provider

A. Employee Medical Information

In accordance with the Genetic Information Nondiscrimination Act (29 C.F.R. § 1635.9) do not provide any genetic information when responding to this request for medical information.

Does the employee have a physical or mental impairment? ☐ Yes ☐ No

If yes, what is the impairment or the nature of the impairment?

Does the impairment substantially limit a major life activity as compared to most people in the general population? ☐ Yes ☐ No

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

- | | | | |
|--|--|-----------------------------------|---|
| ☐ Bending | ☐ Interacting with others | ☐ Reaching | ☐ Standing |
| ☐ Breathing | ☐ Learning | ☐ Reading | ☐ Thinking |
| ☐ Caring for self | ☐ Lifting | ☐ Seeing | ☐ Walking |
| ☐ Concentrating | ☐ Performing manual tasks | ☐ Sitting | ☐ Working |
| ☐ Eating | | ☐ Sleeping | ☐ Other (describe) |
| ☐ Hearing | | ☐ Speaking | |

Major bodily functions:

- | | | | |
|---|--|--|--|
| ☐ Bladder | ☐ Digestive | ☐ Lymphatic | ☐ Reproductive |
| ☐ Bowel | ☐ Endocrine | ☐ Musculoskeletal | ☐ Respiratory |
| ☐ Brain | ☐ Genitourinary | ☐ Neurological | ☐ Special Sense |
| ☐ Cardiovascular | ☐ Hemic | ☐ Normal Cell Growth | ☐ Organs & Skin |
| ☐ Circulatory | ☐ Immune | ☐ Operation of an Organ | ☐ Other: (describe) |

B. Limitations

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

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

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

C. Accommodation Options

Do you have any suggestions regarding possible accommodations to allow performance of job functions?

If yes, what are they:

How would your suggestions allow the employee to perform the job functions?

D. Other Questions or Comments

Medical Professional's Signature

Date

Please complete this form and return to Debra Brakel, Associate Director of Human Resources.
310 E. 18th Street Joshua, Texas 76058 or e-mail it to brakeld@joshuaisd.org