

4. In your professional opinion, is the employee currently able to perform all the essential functions of the position as it relates to the employee's job description (see attached job description).

5. If, in your opinion, the employee is currently unable to perform any one or more of the essential functions of the position as it relates to the employee's job description, or may pose a direct threat to health or safety to him/herself, students or co-workers, please indicate below any accommodations of which you are aware that could be made by the District to enable the employee to perform those functions.

6. Please provide an assessment of the degree to which corrective or mitigating measures (including prescribed medication to treat the medical condition), if any, may be used in order to reduce the limitations associated with the employee's diagnosis/medical condition and/or describe the effect such measures may have on the employee's ability to perform his/her job duties.

7. Would the performance of the essential functions of the position as it relates to the employee's job description create a significant risk of substantial harm to the health or safety of the employees, students, or co-workers? Please base your response upon the most current medical knowledge and/or the best available objective evidence about this employee. Your evaluation of any future risk must be supported by valid medical analyses indicating a high probability of substantial harm if this individual performed the particular functions of the position in question. If it is your opinion that such a risk exists, please detail the specific nature and extent of the harm.

Signature of Physician

Date