



YORK SCHOOL DISTRICT ONE

Human Resources Department

1475 E. Liberty Street

York, SC 29745

(803) 684-9916 (Phone)

(803) 684-1903 (Fax)

ADA Reasonable Accommodation Physician's Confirmation

Regarding: _____

Name of Employee

Employee Work Location

Name of Patient/Relationship to Employee

I hereby certify that the above-named employee (or employee's spouse or child) has been under my care for treatment of _____

Physician: Please include below a detailed description of the nature of the condition for which you are treating this patient to explain why this condition is disabling and requires a reasonable accommodation under the qualifications of ADA. Please include suggested accommodations. If additional space is needed, please attach it to this form.

Signature of Attending Physician

Please return to:

Human Resources Department

York School District 1

1475 E. Liberty Street, York, SC 29745

*All information provided will be used for the purpose to evaluate employee's request for reasonable accommodations.