

## AMERICANS WITH DISABILITIES ACT REASONABLE ACCOMMODATION REQUEST

Attached to this form is the current job description of the essential functions of the position occupied by  (employee name). Please answer the following questions regarding the employee's condition as it relates to the essential functions and possible accommodations. The employee's signed release is also attached.	
1. Does the employee have a disability that substantially limits a major life activity? If so, describe the disability and the limitation.	
2. Does the employee use any mitigating measures (medications, assistive technologies, etc.)? How do the mitigating measures affect the disability?	
3. Does the disability affect the employee's ability to perform any one If yes, please describe the impact on the person's ability to perform spe used.	
4. In your opinion, are there any accommodations that would allow the employee to perform the essential functions of the job? If so, describe these accommodations.	
5. Is the need for accommodation likely to be temporary or permanent? If temporary, how long do you estimate the need for accommodation to exist?	
Provider Name (print):	Signature:
Professional License or Specialty:	Date:
ADA DEFINITION OF DISABILITY –	

## Under the ADA, a person with a disability is defined as follows: "An individual with a physical or mental impairment the

1. "An individual with a physical or mental impairment that substantially limits one or more major life activities of such individual";

WHO IS CONSIDERED DIASBLED UNDER THE ADA?

- 2. "An individual with a record of such impairment"; or
- 3. "An individual regarded as having such an impairment [as defined in the ADA]."

## Please submit the completed form to:

(Fax) 757-643-7405

(Office) 12507 Warwick Boulevard, Newport News, VA 23606