

Name
Sam ID
Job Title
Department
I authorize my licensed healthcare provider to complete this form for the purpose of exploring coverage and reasonable accommodations under the Americans with Disabilities Act.
Employee Signature
Date
Section II: For Completion by the HEALTHCARE PROVIDER
DEAR PHYSICIAN,
The above-referenced individual has identified you as the licensed health care provider treating the medica condition for which he/she seeks a disability accommodation. To assist us with this process, please complete this certification form. Please write legibly; if clarification is needed, the University's Human Resources Department will contact you.
Please answer these questions to help determine disability and reasonable accommodation.
1. What is the individual's diagnosis?
2. Is the condition permanent? YES / NO
If NOT permanent, how long will the impairment likely last?# of weeks# of months
3. Does the condition substantially limit a major life activity? If so, what activity and how?

^{*}Submission of this form is not required for disability accommodation requests, however the information requested, including medical certification of the diagnosis, prognosis, limitations on major life activity(ies), and recommended accommodation must accompany a request.

 Describe any recommended accommodations. Be as specific or device, etc.) 	as possible (i.e. a piece of office equipment
5. Describe how the requested accommodations will enable the functions of the individual's job.	individual to perform essential
6. Please provide any other information that might help Sam Hou	uston State University evaluate this request.
I, the undersigned licensed healthcare provider, certify that the in above-referenced individual is complete and accurate to the bes cooperation is necessary for Sam Houston State University to m patient's disability accommodation request.	t of my knowledge. I understand that my
Licensed Healthcare Provider's Signature	Date
Print Name	License No.
Phone Number	Fax Number
Email Address	Area of Practice

When form is complete, please return via fax to the attention of Human Resources Department, Sam Houston State University

Fax the form to 936.294.3611