B. Limitations

1. Please identify the employee's specific limitation(s) which is interfering with the employee's job performance or with their access to a benefit of employment: _____

_____

_____

2. What job function(s) or benefit of employment is the employee having trouble performing or accessing because of the limitation(s)? _____

_____

3. How does the employee's limitation(s) interfere with the employee's ability to perform the job functions or access a benefit of employment? _____

_____

C. Accommodation Options

1. Do you have any suggestions regarding possible accommodation to allow the performance of the employee's job functions? • Yes • No
   If yes, what are they: _____

_____

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

_____

_____

3. For how long will the employee need the suggested accommodations? _____

D. Other Questions or Any Additional Comments:

_____

_____

E. Contact Information & Signature

Health Care Provider Name (please print) (MD, DO, or Ph.D.): _____

HCP License Number: _____ State: _____

Address: _____

Phone Ema-2.1 (m)-6.4 (a-2.1 (m)-6.4 33)]TJ 0 Tw 4.283 0