

Health Care Professional's Documentation of Disability

As part of the reasonable accommodation process, the University of the Pacific requires documentation that an employee has a qualifying disability. To assist you in providing this documentation, the job description held by the employee is attached.

A person has a qualifying disability under the Americans with Disabilities Act if he or she has:

- A physical or mental impairment that substantially limits one or more major life activities; or
- A record of such an impairment; or if he or she is
- Regarded as having such an impairment.

This form is designed to provide the necessary documentation of a qualifying disability, **only as it affects the employee's ability to perform the essential functions of the job held**, and is to be completed by the employee's diagnosing health care professional.

Employee: _____

Health Care Professional (please print or type name): _____

Title and specialty: _____ Board certified: ____ yes ____ no

License # and date of expiration: _____

Diagnosis: _____

Estimated length of disability: _____

Limitations related to essential functions: _____

Suggested accommodations: _____

Signature of Health Care Professional:

Date:

Street address:

City:

State:

Phone#:

Request to Release Information from Health Care Provider

Dear _____,

The University of the Pacific is asking for input by my attending health care professional(s) to determine the accommodations, if any, needed for me to perform the essential functions of the attached job description. Please complete the following information and return to me so that I can provide this information to my Human Resources Department.

I hereby authorize you and any doctor, medical provider, or medical institution having information concerning my ability to perform the essential functions of the attached job description to release this information to the University of the Pacific Human Resources.

Employee signature:

Date: