



Licensed Health Care Professional Disability Accommodation(s) Documentation Form

The Human Resources Department at Simmons University requires that employees with disabilities who request accommodations provide relevant documentation from a licensed health professional (physician, psychiatrist, or other medical specialist) that supports the need for accommodations. The University reserves the right to request additional documentation if necessary.

Name (Please Print): _____ Date: _____

Signature: _____

Please have your licensed health care professional complete the following information:

DIAGNOSIS INFORMATION

Primary Diagnosis _____

Date of diagnosis: _____ Date of most recent evaluation: _____

Please describe the employee’s condition as it relates to the recommended accommodations described below. We ask that you include how the condition impacts the employee, the level of impairment, relevant medications (including side effects of medications), and progress and/or treatment notes as applicable.

RECOMMENDATIONS

Please provide a list of recommended accommodations and how they will address the employee’s specific needs.

EXPECTED DURATION OF ACCOMMODATION:

ADDITIONAL COMMENTS

CONTACT INFORMATION

Name of Evaluator _____

Title _____ License Number _____

Address _____

Signature _____ Date _____