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Licensed Healthcare Professional
Disability & Accommodation 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.

Employee Name:_____ Position Title: _____

Employee Acknowledgement:

By my signature below,

- I acknowledge I have carefully read and understand this form; I consent to the release of medical information related to this accommodation request from my licensed healthcare professional to Simmons University and its designated representatives and agents.
- I acknowledge I understand that information obtained from my licensed healthcare professional will be used solely for the purposes of determining what, if any, accommodation can or will be made.
- I authorize Simmons University to follow up with my licensed healthcare professional to request and obtain additional medical information, as necessary, if Simmons University finds the initial documentation insufficient.
- I agree that this form whether original, faxed, photocopied or electronic (including electronically signed) form will be valid for any information that may be requested by or on behalf of Simmons University related to my accommodation request.

Employee Signature: _____ Date:_____

To be completed by your licensed healthcare professional:

Diagnosis Information:

Employee/Patient Name	
Primary Diagnosis	
Date of Diagnosis	
Date of most recent evaluation	

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Does the employee/patient have a physical or mental impairment that substantially limits one or more major life activities as a result of this diagnosis? If so, please describe the impairment.

Please describe how the employee's condition impacts the employee's ability to fulfill the essential duties of their position at Simmons. Include any relevant medications and side effects of medications, expected progress and/or treatment notes as applicable.

Please provide a list of recommended accommodations and how they will address the employee's specific needs and enable the employee to fulfill the essential duties of their position.

☐ A description of the job duties has been provided to you.

What is the expected duration of these accommodations?

Please provide any additional relevant comments.

Healthcare Professional Name, Title	
License Number	
Address	
Phone, Fax, and/or Email	

Healthcare Professional Signature: _____Date:_____

Human Resources
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