
Reasonable Accommodation Form for Doctor

Employee Information

- Employee Name: _____
- Job Title: _____
- Department: _____
- Employee ID: _____
- Contact Number: _____
- Email Address: _____

Medical Information

- Doctor's Name: _____
- Medical Facility: _____
- Address: _____
- Phone Number: _____

Accommodation Request

- Date of Request: _____
- Description of Medical Condition: _____

- Recommended Accommodation: _____

Effect on Job Duties

- How does the condition affect job performance? _____

Suggested Accommodations

Accommodation Option	Feasibility	Impact	Additional Notes
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Doctor's Certification

- Doctor's Signature: _____

- Date: _____
- License Number: _____

HR Department Review

- HR Representative: _____
- Date of Review: _____
- Decision: _____
- Comments: _____