Employee Name: _____ Position: _____

The information below is to be completed by a health care provider. Please answer these questions to help determine disability and reasonable accommodation.

1) Please review the attached job description. (If no job description is attached, please discuss the position with the employee to determine essential job duties.) Is the employee able to perform the essential job functions of this position with or without reasonable accommodation? Yes / No

   If yes, continue to the following question. If no, indicate the length of time for the impairment.

   _____# of weeks _____# of months _____ permanently

2) Does the employee have a physical or mental impairment? If yes, what is the impairment?

3) What limitation(s) is interfering with job performance and how does it interfere with the employee's ability to perform the job function(s)?

4) What adjustments to the work environment or position responsibilities would enable the employee to perform the essential functions of that position and how would your suggestion(s) improve the employee's job performance?

5) What if any, adjustments need to be made to the employee's work schedule to enable the employee to perform the essential functions of that position and how would your suggestion(s) improve the employee's job performance?

6) How long will the employee need the reasonable accommodation? If unable to provide date, when will he or she be medically reevaluated?

7) Any additional comments or suggestions:

Physician's name (please print) _____

Address _____

Telephone # _____ Fax # _____

Signature _____ Date _____

Physician must return completed form to Federal Way Public Schools,
Attn: Human Resources – Janet Hodson Executive Director of Human Resources,
33330 8th Ave S., Federal Way, WA 98003
Fax:253.661.0423