

Medical practitioner's statement - Describe how the patient's medical condition interferes with performance of job duties or participation in activities sponsored by IDOA. **Each part below must be completed if the agency requests it.** Attach additional sheets if necessary.

Part a: *Diagnosis.* Patient's medical condition.

Part b: *Prognosis.* Probable course/outcome of patient's medical condition and the likelihood of recovery.

Part c: *Duration of need.* State whether the accommodation is needed temporarily or permanently. If temporary, state how long.

Part d: *Specific description of recommended accommodation.* Exact description of what is needed to accommodate (e.g., ergonomic chair or keyboard, modified job duties, changes required in work environment) patient's medical condition. Be specific and identify features needed (e.g., chair with no arms, adjustable keyboard tray, no lifting over 10 lbs.).

Part e: Practitioner's name (Please print): _____ **Practitioner's license number:** _____

Practitioner's signature: _____ **Date:** ___/___/___ **Phone :**(_____) _____ - _____

Immediate supervisor: *Make a recommendation to the Division Manager within five (5) business days.*

Name: _____ Date received: ___/___/___ Date forwarded: ___/___/___

Recommended

Not recommended

Explanation: _____

Supervisor's signature: _____

Division Manager: *Make a recommendation within five (5) business days and return it to the Office of Human Resources.*

Name: _____ Date received: ___/___/___ Date forwarded: ___/___/___

Recommended

Not recommended

Explanation: _____

Manager's signature: _____

Reasonable Accommodation Committee (RAC) Action

Case number assigned: _____

Initial presentation date: ___/___/___

Returned - Reason: _____

___/___/___

Date

Initials

Denied - Explanation: _____

___/___/___

Date

Initials

Approved: ADA accommodation____ Non-ADA accommodation____

___/___/___

Date

Initials