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(To be completed by health care provider)

Instructions to the Health Care Provider

As part of the reasonable accommodation process, the University of Idaho requires documentation that an employee or applicant has a qualifying disability. The employee/applicant named below is requesting an accommodation. Please complete the following information and return to Human Resources at the address and/or fax provided.

The information you provide assists the University of Idaho in determining appropriate services and/or accommodations for this employee/applicant. A person has a qualifying disability under the Americans With Disabilities Act if he or she has:

- x A physical or mental impairment that substantially limits one or more major life activities,
- x a record of such an impairment
- x alternatively, if he or she is regarded as having such an impairment.

To assist you in providing this documentation, the description of the posi..85 521.8un um 02 G [(t)-3(h)-2(e)-9(desc)-t

Authorization from Individual seeking a Reasonable Accommodation in Employment

I hereby authorize you and any doctor, medical provider, or medical institution having information concerning my ability to perform the essential functions of the attached job description/position description to release this information to the University of Idaho Human Resources, or its designated representative.

Employee/Applicant Signature:

To be completed by Health Care Professional:

EMPLOYEE/APPLICANT/PATIENT NAME (Last, first, middle initial)	Vandal ID # (If applicable)
1. Questions to help assist in the determination of a disability (required) . Please review employee job description /position description for reference when completing. (Attach additional sheet if needed)	
Does the employee have a physical or mental impairment?	
Yes*	No

