Request for Reasonable Accommodation
Documentation of Disability

To initiate a request for reasonable accommodation, please sign the Release of Information below and have your physician or medical provider send the completed form directly to Attn: Human Resources, Stark County Commissioners, 110 Central Plaza South, Suite 240, Canton, Ohio 44702.

If you have any questions please call (330) 451-7925

RELEASE OF INFORMATION

I, _____, hereby authorize the release of the following information to the Board of Commissioners for the purpose of determining reasonable accommodation(s).

Employee Signature:_____ Date:_____

To the Diagnosing Professional:

To ensure reasonable and appropriate accommodations, employees must provide current documentation of the disability. The Americans with Disabilities Act defines a disability as a physical or mental impairment that substaintially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment. As the diagnosing professional, you are asked to complete all sections of this form. Additional reports or information can be attached as necessary.

I. DIAGNOSIS

Date of Diagnosis: _____/_____/_____

Primary Diagnosis:

Describe nature and severity of impairment:

Is the condition persistent and long-term? ☐ YES or ☐ NO

If no, what is the expected duration:

II. MEDICATION AND/OR CORRECTIVE MEASURES

Describe whether medication and/or corrective measures that may correct the impairment have been prescribed (e.g. medication to correct blood pressure; corrective lenses to improve vision.)

III. SUBSTANTIAL FUNCTIONAL LIMITATIONS

How does the impairment affect the employee's required activities in the workplace? Does the condition interfere with the employee's major life activities, and to what extent (e.g. breathing, caring for self, hearing, learning, performing manual tasks, seeing, speaking, walking, working, or other)?

Major Life Activities:

Substantial Functional Limitation(s):

IV. RECOMMENDED ACCOMMODATIONS:

Please list your recommended accommodations.

Thank you for your assistance in providing this information so that we may provide the best possible service to our employee. Please fill out the information below for identification purposes (or attach your business card) and return this document to:

Attn: Human Resources
Stark County Commissioners
110 Central Plaza South, Suite 240
Canton, OH 44702

Medical Provider Name and License Number:
Degrees/Title: Phone:
Business Address:

Signature:_____ Date:_____