



Medical Request for ADA Accommodations

Employee/Patient Name _____ Date _____

Provider Information:

Name _____ Title _____

Name of Practice (if applicable) _____

Mailing Address _____

Street Address

City

State

Zip Code

Phone Number (_____) _____

Fax Number (_____) _____

You have been identified as the above listed employee's/student's primary practitioner in which to consult regarding a medical condition that may require an accommodation in the workplace/classroom. In order for The University of West Georgia to proceed, we require information about the employee's/student's medical condition from a licensed health practitioner.

The Americans with Disabilities Act and the Title IX of the Education Amendments of 1972 requires employers/institutions to provide reasonable accommodations to employees/students who are pregnant or disabled, i.e., have a medical condition that substantially limits a major life function. We are requesting that you complete the attached form to determine if the employee/student is covered under the ADA/ Title IX, and if so, the nature of the condition and which major life activities it substantially limits. In addition, please advise us regarding what accommodations, if any, you believe the employee/student needs in order for him/her to perform his/her job duties and responsibilities. Enclosed is a copy of the employee's job description. If the requester is a student, no description will be given. The employee/student has also been asked to provide guidance as to what accommodations may be necessary.

Please fax the completed document to (770) 838-3495 or mail to the following address:

University of West Georgia
Office of Legal Affairs
ATTN: Blake Wingo
1601 Maple Street
Carrollton, GA 30117

If you have any questions, please contact Blake Wingo, Title IX Coordinator, at (678) 839-4977

For Internal Use Only:

Date submitted to Physician's Office _____ Submitted by: _____

Submitted via: ___ Mail/Fax ___ Address or Fax Number _____

Enclosed Documents: _____ Health Information Release Waiver _____ Job Description

