



## MEDICAL DOCUMENTATION and AUTHORIZATION FORM REQUEST FOR ACCOMMODATION

### SECTION I

#### To be completed by Employee/Applicant

Please complete this section and give this form and a copy of your job description to your medical provider. Please ask your medical provider to complete this form and return to the Office of Institutional Equity.

Name \_\_\_\_\_  
Department \_\_\_\_\_ Title \_\_\_\_\_  
Current Work Schedule/Shift (hours and days) \_\_\_\_\_

I authorize the release to Wentworth Institute of Technology of any medical documentation, records, and information pertaining to my medical condition for the purpose of processing my request for workplace accommodation.

**Employee**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### SECTION II

#### To be completed by Medical Professional

Complete this section and return to:

Wentworth Institute of Technology  
Office of Institutional Equity  
555 Parker Street  
CEIS 204  
Boston, MA 02115

Your patient has requested a workplace accommodation based on their medical condition. Wentworth Institute of Technology will consider a request for workplace accommodation if the documentation received demonstrates that the individual has a disability/handicap covered under federal, state, or local laws. To determine eligibility for workplace accommodation, Wentworth requires current and specific documentation of the employee's medical condition from the diagnosing physician or health care provider. The information you provide is very important in allowing the university to make a proper determination related to this request. Please be specific as possible in documenting the existence of a medical condition. In addition, please review the job description prior to completing this form.





Does the patient’s medical condition (with or without medical treatment) cause substantial impairment to a **Major Bodily Function**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, check which **Major Bodily Function(s)**

<input type="checkbox"/>	Immune System	<input type="checkbox"/>	Digestive, Bowel, Bladder
<input type="checkbox"/>	Endocrine	<input type="checkbox"/>	Neurological, Brain
<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	Circulatory
<input type="checkbox"/>	Other (Specify)		

**Substantial and/or Significant Restrictions or Limitations**

Please describe how the employee’s physical or mental condition substantially restricts their ability to be considered for a job, to perform the essential functions of their job, to gain access to the workplace or to access benefits and privileges of employment. In completing this section, please specify the nature, frequency/duration, and severity of the restriction (i.e. no lifting, pushing, or pulling more than 20 pounds; no standing more than 30 minutes per hour.)

Restriction or Limitation	Frequency/Duration	Severity (Mild/Moderate/Severe)

Please describe any accommodations your patient may require to be considered for a job, to perform the essential functions of their job, to gain access to the workplace or to access benefits and privileges of employment.

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Please describe why the accommodation is necessary and how it will assist the patient to be considered for a job, to perform essential functions of their job, to gain access to the workplace, or to access benefits and privileges of employment (i.e. ergonomically designed chair releases stress on herniated disk.)

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Physician/Health Care Provider Information:

Name and Title \_\_\_\_\_  
Name of Hospital/Practice \_\_\_\_\_  
Medical Specialty \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Accommodations are provided on a case-by-case basis in accordance with the Americans with Disabilities Act, as amended in 2008. To qualify for an accommodation, the employee must have a current medical condition that substantially limits a major life activity. Also, the accommodation must be necessary and reasonable to enable the employee to perform the essential functions of their job. A diagnosis, in and of itself, does not automatically qualify an employee for an accommodation.