

*Aberdeen School District #58*  
**PHYSICIAN REQUEST FOR REASONABLE ACCOMMODATION**

*Please complete the form and return to: [name of district and HR or Section 504/ADA coordinator, address]*

*Employee/Applicant Name* \_\_\_\_\_

*Position Title* \_\_\_\_\_ *School/Office* \_\_\_\_\_

*A. Identify the employee/applicant's impairment(s) and indicate how the impairment affects his/her ability to participate in the job application process or ability to perform his/her job duties (please be as specific as possible):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*B. State the accommodation(s) necessary to enable the employee/applicant to participate in the job application process or to perform the essential functions of his/her job, and explain how the suggested accommodation(s) will assist the employee/applicant (the position and essential job functions are attached):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Name of Healthcare Provider Providing Information:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *City/State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Contact Number:* \_\_\_\_\_

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