EL PASO INDEPENDENT SCHOOL DISTRICT

Human Resources
Office of Employee Relations

Request for Reasonable Accommodation Form
(to be completed by Medical Provider)

Employee Name	ID Number (on back of employee id card)
Telephone Number	Employee E-Mail
Assignment/Location	Supervisor

Part I:

Condition/Diagnosis Information:

Part II:

The employee's medical condition:

☐ A. will allow the employee to return to work as of _____ (date) without restrictions.

☐ B. will allow the employee to return to work as of _____ (date) with the restrictions identified in PART III, which are expected to last through _____ (date).

☐ C. has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date).

Part III:

Restriction(s):

Duration of Restriction(s):

Medical Provider Name/Address	Type of Practice/Medical Specialty
Telephone Number	Fax Number
Medical Provider Signature	Date

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. (75 Fed. Reg. 68934) Determinations on request for reasonable accommodation will be made on a case by case basis. (Updated 10/2018)