

## DISABILITY ACCOMMODATION REQUEST FORM (CONFIDENTIAL)

### Contact Information

Name		Home Address	
Home Phone		Cell Phone	
Work Phone		Fax	

### Complete if Employee

Job Title		Classification	
Campus or division		Work Address	
Supervisor		Supervisor Phone Number	

### Complete if Member of Public (program participant or student)

Campus, division or program organizing event	
Name of person organizing event (if known)	
Phone number of person organizing event (if known)	

### Accommodation Information

Please describe the medical condition or disability	
What accommodations are you requesting?	

## To be Completed by Medical Treatment Professional

Dear Medical Treatment Professional:

Your patient has requested an accommodation with UW-Extension or UW-Colleges. In order to fulfill our responsibilities under the Americans with Disabilities Act (ADA) and corresponding Wisconsin laws, I am requesting information about your patient's medical condition. Please answer the following questions:

1. Does this individual have an impairment **that substantially limits one or more major life activities**? Major life activities are defined as those that an average person can perform with little or no difficulty, such as caring for oneself, walking, seeing, hearing, breathing, learning, sitting, concentrating, interacting with others, sleeping, etc.

No

Yes

- a. If yes, how does the impairment substantially limit one or more major life activities? Please be as specific as possible.

2. Describe the **nature** (temporary, chronic, permanent, etc.) and **severity** (mild, moderate, severe, etc.) of the impairment.
  
  
  
  
  
  
  
  
  
  
3. Your patient has requested the accommodations found on page one of this document. Taking this information into account, please answer the following questions:
  - a. Are these accommodations appropriate?
  
  
  
  
  
  
  
  - b. How long will these accommodations be necessary?

Please sign and date to indicate your agreement with the above medical information:

Signature of Medical Treatment Provider	
Title	
Phone Number	
Address	

Please return form to Kelly Thomas, UW Colleges and UW-Extension, 432 N.

Lake St., Room 201, Madison, WI, 53706 or 608-890-0259 (fax).