

STAFF HEALTH AND SAFETY
(Accommodations Information Form to Physician)

Pursuant to the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 (Section 504), Platte County R-3 School District will not discriminate against an otherwise qualified individual with a disability in employment.

_____, an employee of the Platte County R-3 School District, has requested accommodation of a disability. The employee has identified the following physical or mental impairment(s):

The district requests information about the impairment(s) and related limitations to determine if a legal disability exists and what accommodations are appropriate. The district may not be able to provide appropriate accommodations until this form is completed and returned. Please attach additional information if it will assist the district in determining if a legal disability exists or determining the appropriate accommodations. If you have questions regarding this form or the employee's job duties, please contact Mrs. Ashley Jones, Executive Director of Human Resources at 816/858-5420 or jonesa@platteco.k12.mo.us.

To Be Completed by the Physician/Health Care Provider

1. In your professional opinion, does the employee have the identified impairment(s)?

Yes No

If yes, please describe the impairment: _____

Please list which specific work-related activities are limited and the manner in which they are limited. (For example, "Employee is substantially limited in walking and can only walk short distances.") _

If the impairment is a vision impairment, are the effects of the vision impairment mitigated by the wearing of ordinary eye glasses or contact lenses? Yes No

If yes, describe the extent of the limitation when the employee is wearing eyeglasses or contacts.

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Critical

2. Can the employee perform all of the functions of his or her position without accommodations?
 Yes No

If no, please list the functions the employee is unable to perform or will have difficulty performing and explain the extent and duration of the limitation. _____

3. If you answered no to question 2) above, is the employee able to perform all of the functions of his or her position with accommodations?

Yes No

If the employee is unable to perform or will have difficulty performing work-related functions, please provide suggestions on the types of accommodations that would allow the employee to perform these functions: _____

It is my professional opinion that the above information is true and accurate as of the date of my signature.

Physician/Health Care Provider Signature

Date

Printed Name

Phone Number

Return Form To: Mrs. Ashley Jones, Executive Director of Human Resources, 998 Platte Falls Rd, Platte City, MO 64079

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented:

Revised: 06/13/2023

Platte County R-3 School District, Platte City, Missouri