

Medical Accommodation General Request Form

Employee Name:	
Job Title/Position:	
Company:	
Telephone:	Email:

In order for your employer to consider a request for medical accommodation, we will require the following information from you and your health care providers. To assist us in evaluating this request for medical accommodation we will require additional, detailed, medical information.

Please provide specific and detailed answers to these questions, attaching additional sheets where necessary.

Please have your physician complete their portion of this form. A list of definitions has also been enclosed for your doctor to use in responding to the questions.

Section 1 - Employee Request:

What is the specific accommodation you are requesting?

Why do you require this accommodation?

For how long are you requesting an accommodation and why?

Section 2 - Physician Response:

PLEASE PROVIDE DETAILED INFORMATION AND A FULL ANSWER TO EACH QUESTION. A FEW WORDS OR A SINGLE SENTENCE RESPONSE MAY NOT BE SUFFICIENTLY DETAILED TO ALLOW AN EVALUATION OF THE MEDICAL ACCOMMODATION.

PLEASE NOTE THAT IT IS NOT THE ROLE OF THE PHYSICIAN TO DICTATE SPECIFIC WORKING CONDITIONS. PHYSICIANS ARE EXPECTED TO PROVIDE RESTRICTIONS, LIMITATIONS, AND MEDICALLY VALID ACCOMMODATION NEEDS SO THAT THE EMPLOYER HAS THE OPPORTUNITY TO REVIEW AND CRAFT SUITABLE ACCOMMODATION.

Please provide the date of the last in-person medical examination (i.e., in-office and not a virtual or telephone consultation).

Please identify the specific medical impairment (see definitions); this is not the same as a diagnosis. A diagnosis does not infer or confer impairment and neither do symptoms. The definition of impairment is a significant deviation, loss, or loss of use of any body structure or body function in an individual with a health condition, disorder or disease. You may provide the diagnosis if you feel this will assist with the accommodation. What is the loss of physical/functional/cognitive function?

How has the loss of physical/functional/cognitive function been verified (e.g. FCE, neuropsychological testing, etc.)?

Are there clinical findings that support the need for accommodation? Identify the specific loss of function noted clinically and how the severity of the loss of function has been determined. This should relate specifically to the restrictions and limitations (see definitions) being identified.

What are the specific restrictions or limitations (see definitions) that require a medical accommodation to be made? E.g. "Can walk 500 meters per hour, 100 meters each time, for a 12 hour shift verified by FCE." E.g. "Short term memory loss noted on formal office based cognitive testing and memory unreliable."

Have any objective measures (investigations, tests, etc.) been recorded to support this accommodation recommendation? You may provide results if you feel this will assist the accommodation.

What is the required length of the requested accommodation and why? How was the duration determined?

Is your recommendation made largely on the basis of self-reports or on the request of the employee?

Is there any peer reviewed evidence (e.g., guidelines, literature) to support the request? If so, please attach.

While the above information is requested to allow a full understanding of the situation, please note that your patient is in complete control of what information they wish to release in consideration of the accommodation request. We will base our decision on the information provided to us.

Date:	
Physician Name:	
Physician Signature:	
Address:	
City:	
Postal Code:	
Telephone:	Fax:

PLEASE NOTE THE PATIENT IS RESPONSIBLE FOR ANY PAYMENT TO COMPLETE THE FORM.

Completed forms can be returned by fax to 905-274-6917 or email to contact@archealth.ca

Definitions

1. Impairment is the presence of an abnormality of the function of a body part, organ, or system. Impairment may be a partial or complete loss of function. It may be temporary or permanent. It may be due direct or secondary to pathology or injury.
2. Symptoms are different from restrictions and limitations. An individual may report symptoms, which are subjective complaints. These should not be equated to restrictions or limitations.
3. Risk of Harm refers to the chance of harm to the patient, or to the general public, if the patient engages in specific work activities. When considering risk of harm in the workplace, there needs to be consideration of the incremental risks that might be specifically attributable to the working environment.
4. Contraindication is the presence of a condition or a requirement for activity or action that if performed has a potential for harm that is so high that it should be completely forbidden. For example, asking a person with a seizure disorder to test strobe lights.
5. Restriction refers to something a patient can do but should avoid since it creates an excess risk of harm. Physicians impose work restrictions based on objective or validated criteria, knowledge of the activity and the excess potential for harm. For example, limiting lifting to 15 lbs. due to a recent acute rotator cuff tear.
6. Limitation is an objective observation of a person's capabilities. It is not a subjective report of what an individual claims to be able to do. For example, deficiencies in memory are noted after an MMSE which shows impairment and limitation in recall.
7. Tolerance is a psychophysiological concept. It is the ability to tolerate sustained work or activity at a given level. Symptoms such as pain and/or fatigue are what limit the ability to carry out given tasks. The individual may have the ability to do a certain task (no work limitations), but not the ability to do it comfortably. Thus, tolerance is not scientifically measurable or verifiable. Tolerance is frequently less than either capacity or current ability.

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