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U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

## MEDICAL DOCUMENTATION FOR EMPLOYEE'S REASONABLE ACCOMMODATION REQUEST

(To be completed by Health Care Provider)

**INSTRUCTIONS:** Your patient is an employee or an applicant for employment with the U.S. Department of Agriculture (USDA), Food Safety and Inspection Service (FSIS) and has requested a reasonable accommodation under the Rehabilitation Act of 1973 as amended due to functional limitations caused by a disability.

Please provide the following information to your patient so he/she may send it to:

[ReasonableAccommodations@usda.gov](mailto:ReasonableAccommodations@usda.gov).

1. Patient Name: \_\_\_\_\_

2. Describe the nature, severity, and likely duration of the impairment:

3. Describe the major life activities the impairment limits (i.e. walking, lifting, breathing, hearing, etc.):

4. Describe the extent or degree to which the impairment limits the major life activities:

5. Describe the functional reason the individual requires accommodation and the accommodation requested:

6. Describe how the accommodation will assist the individual in applying for a job, performing the essential functions of his/her position, or enjoying the benefits of employment (as appropriate):

Name of Health Care Provider:

Health Care Provider Facility Address:

Phone Number:

Email Address:

Fax Number:

Health Care Provider Signature:

Date:

**AUTHORITY:** The Food Safety and Inspection Service is authorized by Section 501 of the Rehabilitation Act, 29 U.S.C. § 791, to collect the information on this form.

**PRINCIPAL PURPOSE(S):** To facilitate the employee/applicant request for a reasonable accommodation. The requested information is required to establish that the employee/applicant has a covered disability, the functional limitations of the disability, and the need for reasonable accommodation.

**ROUTINE USE(S):** The information will be used by and disclosed to FSIS personnel and contractors or other agents who need the information to implement and maintain the Reasonable Accommodation Program.

**DISCLOSURE:** Disclosure is voluntary. However, failure to fully complete the form or refusal to provide the requested documentation may lead to a breakdown in the reasonable accommodation process and could result in a determination that the employee/applicant is not entitled to reasonable accommodation.