



Cornell University

**Medical Leaves Administration
840 Hanshaw Road, Ithaca, New York 14850**

Request for Accommodation Based on Disability – Allergies and Environmental Sensitivity

**Medical Information Request & Verification for Employee Requesting Accommodation
under the Americans with Disabilities Act and New York Human Rights Law.**

Personal Information

Date: _____

Name: _____
(Last) (First)

SS# or Employee ID# _____

Home Address _____
(Number & Street)

(City) (State) (Zip)

To Be Completed By Physician or Other Appropriate Medical Professional:

Briefly describe the nature and severity of the disability:

What would be the effect of medication prescribed for this disability?

Please describe the impact of the disability on the employee's work responsibilities:

Briefly describe the cause(s) of the allergic reaction or environmental sensitivity:

Please indicate suggested accommodation(s) of this disability that will assist the employee in performing the essential functions of his/her work responsibilities:

(IF REQUIRED, PLEASE USE ADDITIONAL SHEETS FOR ANY OF THE INFORMATION REQUESTED ABOVE).

Name of certifying professional: _____
(Please Print)

Title: _____

Certification or License # _____ Telephone # _____

Address: _____
(Number & Street)

(City) (State) (Zip)

Diagnosis: _____ Prognosis: _____

(Please Circle): Is the disability Permanent **OR** Temporary

If disability is 'temporary', how long is the condition expected to last?
_____ Days _____ Weeks _____ Months

Information provided is based on an evaluation that I have completed for this employee.

(Signature of Physician)

(Date)

Revised 6/08