

## Human Resources

# Medical Reasonable Accommodation Request Intake Form

---

Vanderbilt University Medical Center (VUMC) provides reasonable accommodation(s) to qualified employees with disabilities. VUMC complies with the Americans with Disabilities Act (ADA) and the Americans with Disabilities Act Amended (ADAAA). In order for us to consider your request, you will be required to complete the Request for Accommodation Intake form; provide a release to VUMC to discuss your situation with your Healthcare Provider and have your Healthcare Provider complete the Healthcare Provider Reasonable Accommodation Form. A reasonable accommodation is any adjustment to the work and/or work environment that will allow the individual to perform the essential functions of their job without placing undue hardship on VUMC. By completing and submitting this form you are requesting an accommodation to be able to perform the essential functions of your job due to your disability. Once you have completed the form, please submit by mail, fax or email to:

VUMC Human Resources - Employee Relations  
2525 West End Ave  
Suite 500  
Nashville, TN 37203  
Fax: (615) 343-2176  
[employeerelations.vumc@vumc.org](mailto:employeerelations.vumc@vumc.org)

The following collaborative process will occur once the completed form has been received:

- Employee Relations will consult with you and your supervisor.
- Identification of potential accommodations that may allow you to perform the essential functions of your job will occur.
- Your Healthcare Provider will be required to complete the Healthcare Provider Reasonable Accommodation Form
- You will be informed on what accommodations (if any) have been decided.

When seeking an accommodation, employees should keep in mind:

- Accommodations can only be implemented from the time of the request forward and are not retroactive.
- An accommodation cannot undo previous consequences of poor work performance.
- All employees must still be able to perform the essential functions of their job with the accommodation.
- Determination of reasonable accommodations is developed based on the employee's individual disability and the specific function of the job.
- Information regarding an individual's disability is considered confidential.

Please note: in order to determine eligibility, the Healthcare Provider must also complete and submit the Reasonable Accommodation Healthcare Provider Form. Employees must work closely with their provider to return the completed form so the accommodation discussion can occur. Delays in returning the Healthcare Provider Form will cause delays in moving through the accommodation process and the timeliness VUMC's response to the request.

If you have any questions about this form or the process, please reach out to Employee Relations at:  
(615) 343-4759.

---

## Human Resources

# Medical Reasonable Accommodation Request Intake Form

---

Completed by the Employee requesting a Medical Accommodation

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Title/Position: \_\_\_\_\_ EE ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Contact Details (Name/Phone #/Email): \_\_\_\_\_

### Medical Accommodation Request Information:

Describe the nature of the physical or mental impairment, illness, condition, disease or disability that is impacting you in a way that is affecting your work and is the reason for you to request an accommodation:

Is your condition temporary or permanent and are you requesting a permanent or temporary accommodation? If temporary, please indicate the duration of your condition/accommodation request.

Do you have a copy of your job description? If so please attach to the form. If not, provide a brief description of your job:

Please describe how your condition limits your ability to perform the essential functions of your job:

## Human Resources

# Medical Reasonable Accommodation Request Intake Form

---

Does your condition impair a major life activity? If yes what life activity? *A major life activity is defined as but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.*

List the suggested reasonable accommodation(s) or options that you are requesting:

Explain how you feel the requested accommodation will enable you to better perform the essential functions of your job. Describe any special methods, skills, or procedures you feel would enhance your abilities to better perform one of more essential functions of your job:

Please check:

Are you currently participating in the Return to Work Program for your Workers Compensation injury?

Yes:  No:

Have you applied for and been approved for FMLA?

Yes:  No:

Have you requested a reasonable accommodation at VU or VUMC previously?

Yes:  No:  Date Requested: \_\_\_\_\_

If yes, are you requesting accommodations for the same condition?

Yes:  No:

## Human Resources

# Medical Reasonable Accommodation Request Intake Form

---

Attach any relevant documentation that employee feels would be helpful for VUMC when making decision on reasonable accommodation.

---

I have read and understood VUMC's Anti-Harassment, Anti-Discrimination and Non-Retaliation Policy. I understand that by completing this form that I am requesting VUMC to go through an interactive dialogue with my manager and I to determine what reasonable accommodations may be provided to perform the essential functions of the job and that I am willing to engage in that collaborative process. I understand that I am required to provide medical documentation to support my accommodation request and if so am authorizing the release of Medical documentation from my Healthcare Provider to VUMC for the sole purpose of determining the availability of a workplace accommodation(s).

By completing and submitting this form, I acknowledge that the specific accommodation requested may not be granted but VUMC will attempt to provide a reasonable accommodation that does not create an undue hardship on VUMC. I verify that the above information is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_