STOCKTON UNIVERSITY

MEDICAL PROVIDER AUTHORIZATION RELEASE FORM

To Stockton Employee:

To initiate a request for a reasonable accommodation, an employee must:

- Submit the completed Reasonable Accommodation Request Form and the Medical Provider Authorization Release Form to the Office of Human Resources.
- The Medical Provider Authorization Release Form is to be completed by the employee's medical provider.
- Employees are to complete Section I below, provide a copy of their current functional description to their medical provider and have the medical provider complete Section II. All documents, including the employee's current functional job description must be attached to this form.
- Completed forms are to be returned to Stockton University's Office of Human Resources by email to Bart.Musitano@stockton.edu, by fax to 609-626-5573, or by mail to J-115, 101 Vera King Farris Drive, Galloway NJ 08205. For questions, please call 609-652-4384.
- Contents of this request are confidential and will only be shared as needed with the appropriate individuals for purposes of reasonable accommodation.

Section I *(completed by employee)*:

Today's Date: _____ Stockton Email: _____

Name: _____ Phone: _____
(Provide best number to reach you)

Campus Work Location: _____

Supervisor Name: _____ Supervisor Email: _____

Release Authorization

I hereby authorize the release of the following information to Stockton University for the purpose of determining the availability of reasonable workplace accommodations. I further authorize Stockton University to seek clarification of this documentation, if necessary, by contacting my medical provider.

Employee Signature: _____

Section II *(completed by medical provider)*:

To initiate a request for reasonable accommodation, Stockton employees must provide current documentation of disability. The Americans with Disabilities Act as amended defines a disability as a physical or mental impairment that substantially limits one or more major life activities, an individual having a record of such an impairment, or an individual being regarded as having such an impairment.

To complete Section II of this form, the medical provider should review the employee's job functions and other information relevant to the employee-patient's position at Stockton University. If those materials have not been provided, please inform the employee-patient that, without those materials, Section II of this form cannot be completed by the medical provider. Thank you for your assistance in providing this information.

1. Please identify the employee-patient's physical or mental impairment:

The physical or mental impairment is long-term ___ permanent ___, recent ___, or short-term ___ (check all that apply).

2. Please describe the substantial limitations on the employee's ability to perform specific essential function(s) of the employee-patient's job description.

3. Please identify the activities associated with the specific essential function(s) of the employee-patient's job description identified in #2.

Are there any identified activities that should be avoided? ☐ Yes ☐ No

If yes, please list the identified activities in the employee-patient's job description that should be avoided.

Are there any activities in the employee-patient's job description that would present a health or safety risk to the employee-patient? ☐ Yes ☐ No

If yes, please list the identified activities in the employee-patient's job description that should be avoided.

4. Please offer any suggested accommodations that might enable the employee-patient to perform the specific essential function(s) of the employee-patient's job description identified in #2.

Suggested Accommodation	Duration?

_____ _____

Medical Provider (please print) Date

_____ _____

Medical Provider Signature Phone