(ADA-100)
RESIDENT REQUEST FOR ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)

Individual Requesting Accommodation: _____

Position/Title: _____

Residency Program: _____

Work or Home Address: _____

Work Telephone Number: _____ Home Number: _____

Immediate Supervisor: _____ Phone Number: _____

ACCOMMODATION BEING REQUESTED: (use back to continue, if necessary)

_____

_____

_____

_____

_____

_____

REASON FOR ACCOMMODATION (identify condition and functional limitation(s) for which you seek an accommodation):

Condition: _____

_____

_____

_____

Functional limitation(s): _____

_____

_____

_____

INSTRUCTIONS FOR RESIDENT

PLEASE ATTACH OR PROMPTLY PROVIDE DOCUMENTATION FROM AN APPROPRIATE HEALTH CARE PROVIDER DESCRIBING YOUR FUNCTIONAL LIMITATIONS AND SPECIFYING THE MEDICAL CONDITION CAUSING THE FUNCTIONAL LIMITATIONS.

Resident Signature: _____ **Date:** _____

c: Program Director
Chair, ADA Compliance Committee

Reviewed and Approved by GMEC –8 January 2009