## HARVARD LAW SCHOOL

## Human Resources

Please complete and return this form to HLS Human Resources via email: <a href="mailto:hlsdisability@law.harvard.edu">hlsdisability@law.harvard.edu</a>

Employee Name:					
То Нег	alth Care Provider:				
Univer reasona	sity to facilitate the interactive p	rocess between employees and	niversity Disability Resources at Harvard d their departments to explore possible mendment Act, commonly referred to as		
accom	*		efforts to explore possible reasonable questions. Thank you in advance for your		
<ol> <li>Does the employee have a physical or mental impairment? ☐ Yes ☐ No         If yes, please identify the physical and/or mental impairment(s).     </li> </ol>					
2.	2. If yes, please describe the current functional limitations and expected duration of the impairment(s):				
3. If yes, does the physical and/or mental impairment(s) substantially limit the employee's ability to perform a major life activity when compared to the average person in the general population?   Yes No  If no, please return the completed form to me via email: <a href="https://hlsdisability@law.harvard.edu">hlsdisability@law.harvard.edu</a> If yes, please check all relevant major life activities:					
	Bending	Seeing	Sleeping		
	Communicating	Standing	Concentrating		
	Eating	Hearing	Learning		
	Reading	Sitting	Breathing		
	Speaking	Thinking	Walking		
	Lifting	Caring for oneself	Other:		
	Performing manual tasks	Interacting with others			

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4.	For workplace reasonable accommodation requests: What esse impacted by the employee's physical and/or mental impairment				
5.	If applicable, please suggest workplace modifications, auxiliary necessary to enable the employee to perform the essential fundamental fundamental forms and the employee to perform the essential fundamental fundamental forms.				
Please note, reasonable accommodations in the workplace are not granted on the basis of a diagnostic label, alone. A link must be established between the requested accommodations and the current functional limitations of the individual which are pertinent to the essential job functions and demands. Reasonable accommodations must be necessary and must not interfere with the business necessity or create an undue administrative burden.					
Name of Physician (please print):					
Physic	cian Signature:	Date:/			
State License Number:					
Please o	complete and return this form to HLS Human Resources via email: h	lsdisability@law.harvard.edu			