



**SECTION II (cont.): For Completion by the HEALTH CARE PROVIDER**

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

Type of Practice / Medical Specialty: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please answer the following in regard to the individual's identified disability:**

1. Does the employee have a physical or mental impairment?  Yes  No

2. Please describe the employee's medical impairment or condition.

\_\_\_\_\_  
\_\_\_\_\_

3. When did the medical impairment or condition begin?

4. How long is it expected to last?

\_\_\_\_\_

5. Please describe the major life activities that are substantially limited by the medical impairment or condition or any accompanying treatment (e.g., breathing, eating, sleeping, walking, talking, manual tasks, operation of a major bodily function, etc.).

\_\_\_\_\_  
\_\_\_\_\_

6a. Please review the attached job description. (If no job description is attached, please discuss the position with the employee to determine essential job duties and typical schedule.) Is the employee able to perform the essential functions of this position in a typical schedule with, or without, reasonable accommodation?

Yes, without reasonable accommodation  Yes, with reasonable accommodation

No, he/she is unable to perform the essential job functions with or without accommodation.

6b. If No, how long will the employee remain unable to perform these job functions?

\_\_\_\_\_ # of weeks \_\_\_\_\_ # of months  Permanently

6c. If Yes, what adjustments to the work environment or position responsibilities would enable the individual to perform these job functions?

\_\_\_\_\_  
\_\_\_\_\_

6d. If Yes, how long will the employee need the reasonable accommodation to perform these job functions?

\_\_\_\_\_ # of weeks \_\_\_\_\_ # of months  Permanently

7. Additional Comments or Suggestions:

---

---

**Healthcare Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**When form is complete, please either:**

1. Mail to State Office of Administrative Hearings, Human Resources, P.O. Box 13025, Austin, Texas 78711-3025;
2. Email to [SOAH.HR@soah.texas.gov](mailto:SOAH.HR@soah.texas.gov); or
3. Fax to 512/522-5842.

If you have questions, please contact SOAH's HR Manager at 512/305-9386.