

Disability/Reasonable Accommodations Forms
Michigan State University
**MEDICAL PHYSICAL and/or SENSORY DISABILITY
DOCUMENTATION/VERIFICATION**

This form is for physical or sensory conditions only. Psychiatric or psychological conditions require completion of the PSYCHIATRIC/PSYCHOLOGICAL DOCUMENTATION form.

PLEASE REVIEW CAREFULLY

The employee named below has applied for accommodations from Michigan State University. Employees seeking accommodations must provide appropriate medical documentation of their condition so that the University can: a) determine eligibility for accommodations, and b) if eligible, determine appropriate accommodations.

Documentation required to verify the employee's condition and its severity, includes completion of this form or provision of equivalent information to the Resource Center for Persons with Disabilities (RCPD) by a medical professional with the appropriate training and credentials. Any professional completing this form must have first-hand knowledge of the employee's condition, experience in working with employees with the stated condition(s) and a familiarity with the physical, emotional and cognitive demands experienced by employees in a work setting. Diagnoses by family members are unacceptable.

Employee: Complete this section.

Last Name	First Name	M.I.
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Employee I.D. (ZPID): _____

Certifying Professional: Complete this section including the back of this sheet

Today's Date: _____

Printed Name: _____

Signature: _____

Signature denotes: content accuracy, adherence to professional standards and guidelines as stated above.

License Type: _____

License Number: _____ State _____ Exp Date _____

Mailing Address: _____

City/State/Zip: _____

Phone: (_____) _____ Fax: (_____) _____

