



Medical Provider Form

Employee Information

Employee Name:

Phone:

Date of birth:

Medical Provider Instructions

To determine whether this employee is eligible and needs accommodation, the University of Arizona's Disability Resource Center (DRC) requires documentation of his/her condition.

Please write legibly or type the information.

Completed forms can be scanned and emailed to DRC-COVID19Vax@email.arizona.edu, faxed (520) 621-9423, or returned to the employee. If you have any questions, please contact the DRC Workplace Access team at DRC-COVID19Vax@email.arizona.edu.

Medical Related Information

1) What is the employee's medical condition(s)?

2) How does this medical condition(s) impact or limit this individual?

COVID-19 Related Information

3) Does the employee's disability or medical condition make receiving a COVID-19 vaccination inadvisable in your professional opinion?

Yes No

Please provide additional context for your response:

a. If yes, is the employee's disability or medical condition temporary such that they would be able to receive a COVID-19 vaccination in the future?

Yes No

If temporary, what is the expected end date?

Medical Provider Name:

Date:

Medical Provider Signature: _____

Medical Provider Phone Number:

Medical Provider Email Address:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.