



# HUMBOLDT STATE UNIVERSITY

## Department of Human Resources

**To:** Health Care Provider/Specialist

**From:** Tammy Curtis,  
Director of Human Resources

**Re:** \_\_\_\_\_  
Employee's Name

The above referenced employee has requested reasonable accommodation under the Americans with Disabilities Act (ADA), and the Fair Employment & Housing Act. In order to determine whether this employee's condition meets the definition of "disability" as defined by the ADA, and FEHA, your assistance is needed. Please complete this form as fully as possible.

- Does this individual have a mental or physical impairment that limits one or more major life activities?  
 Yes     No

The determination of whether impairment exists is to be made without regard to mitigating measures such as medications or assistive/prosthetic devices. Major life activities include but are not limited to caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

- Briefly describe how the individual is limited in major life activities.

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- Is the individual's impairment temporary \_\_\_\_\_ or permanent \_\_\_\_\_?

- If the impairment is temporary, please indicate its expected duration.

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**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

If you have any questions or desire any additional information, please do not hesitate to contact me at (707) 826-3626.