Reasonable Accommodation Fund Medical Accommodation

**Medical Documentation to Support RAF Request**

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| **Section A – to be completed by the staff member** *(Note: please attach the completed Section A to Section B and forward both forms to your licensed medical doctor - family doctor or specialist - that is currently treating you for the condition relevant to this accommodation request. Once Section B is completed by your Doctor, both completed Sections are to be faxed to Homewood Health at 780-429-1747 for review/adjudication.* |
| **Name**: **Position Title**: **Work Phone #**: |
| **Supervisor Name**: **Dept/Faculty**: |
| **Please provide a brief description of the type of work you do at the University of Alberta** (e.g. research, clerical work, teaching, Laboratory work, administration, maintenance, grounds, etc.). Please elaborate on the primary activities that are effected by your medical condition. Please estimate the physical demands of your work (percentage of day, weights, frequency of use) specific to the adaptive equipment/tools being recommended. For example: lifting 30 pounds floor to waist 25 % of shift; constant repetitive mopping 50% of shift; constant sitting 60% of shift. |
| I, consent to the release of medical information in Section B to Homewood Health Inc. (HHI) to support my application for adaptive equipment/tools under the Reasonable Accommodation Fund (RAF). Further, this consent allows the Homewood Health Support Consultant (HSC) to write or contact my Doctor if further medical information is needed. If required, the HSC will consult with you prior to contacting your Doctor to discuss the need for additional medical information.You have the right to withdraw consent at any time. Staff member signature Date |

The information on this form is collected for the purpose of providing adaptive equipment/tools for staff with permanent medical disabilities under the University of Alberta’s Reasonable Accommodation Policy in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.

**If you have any questions regarding the Reasonable Accommodation Fund, please email** **recovery@ualberta.ca**

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| **Section B – to be completed by Medical Doctor (fax to: Homewood Health at 780-429-1747)** |
| 1. Does (staff member’s name) have a medical condition(s) that directly impacts his/her ability to perform their current work tasks/responsibilities? Yes No  |
| 2. If Yes, please outline the nature of the medical condition and describe the restrictions imposed on essential job duties: |
| 3. What objective medical testing has been performed to evaluate the medical condition and note the date(s) of testing? |
| 4. What rehabilitative supports/activities (e.g. physiotherapy; monitored conditioning program; gym program; prosthetic/orthotic supports) has your patient been involved in and when was he/she last in active rehabilitative treatment? |
| 5. Are there any planned medical assessments/treatments that may impact your patient’s future function?  Yes No \_\_ \_ If Yes, please describe plan and expected timing. |
| 6. Is the medical condition giving rise to this request for adaptive equipment/tools considered to beTemporary or Permanent ? If temporary, what rehabilitative supports would minimize or eliminate the need  for equipment/tools? |
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| Doctor’s name | Office phone number |
|  |  |
| Office Address |
|  |  |
| Doctor’s signature | Date |