

Health Care Provider Release Form

I, _____, hereby authorize you to complete the attached Health Care Provider Verification Form and disclose to the Denton Independent School District, Assistant Superintendent of Human Resources, and other Denton Independent School District representative as necessary, any records and/or information relating **only to the conditions(s)** for which I am requesting reasonable accommodations:

(List the condition(s) for which you are requesting reasonable accommodations)

This information will be used for the purpose of evaluating my request for reasonable accommodation under the Americans with Disabilities Act (ADA).

I understand that I have no obligation to disclose any information from my medical records, and all information disclosed pursuant to this Release shall be treated as confidential. I also understand that I may revoke this consent at any time by notifying you in writing of my decision, unless you have disclosed the information in reliance on my statement of consent.

I have read this form or have had it read and explained to me and I understand its contents.

Date: _____

Employee signature: _____

Name/Address of Health Provider:

Phone Number: _____



Human Resources

Information Pertaining to Medical Documentation

In the context of assessing an accommodation request, medical documentation may be needed. Medical documentation is often needed to determine if the employee has a disability covered by the ADA and is entitled to an accommodation. The condition must substantially limit one or more major life activities, affect the employee's ability to perform the essential job functions.

Generally, in the context of an accommodation, medical inquiries related to an employee's disability and functional limitations are permissible and may include consultations with knowledgeable professional sources, such as doctors, occupational and physical therapists, rehabilitation specialists, and organizations with expertise in adaptations for specific disabilities.

The Human Resources Office is charged with the collection of medical documentation. In the event that medical documentation is required, the employee will be provided with the appropriate forms to submit to their medical provider. ***The employee has the responsibility that the medical provider follows through on requests for medical information.***



Human Resources

Health Care Provider Verification Form
Physical Health Related Disabilities Documentation

Request for Documentation of Physical/Mental Health Condition or Disability
(To be completed by a diagnosing Physician or Health/Mental Health Care Provider)

EMPLOYEE NAME: _____

The above is an employee of Denton Independent School District. The employee has requested an accommodation for a medical condition under the American's with Disabilities Act (ADA) and has identified you as the treating physician. The employee believes a reasonable accommodation relating to their condition is necessary to enable them to perform the essential functions of his or her job. To assist Denton ISD in evaluating this request for accommodation, please answer the following questions.

Please provide specific and detailed answers to those questions, using additional sheets where necessary. To assist you in completing this medical questionnaire, some questions contain narratives and definitions. Kindly review the narrative and/or definitions before answering question. Denton ISD will use the information to evaluate the employee's request for accommodation.

Please return the complete form to the employee.

1. Have you examined the employee for impairment relating to their request for accommodation?

_____ Yes _____ No Date of examination(s) _____

2. Does the employee have a "physical or mental impairment?"

_____ Yes _____ No Date of examination(s) _____

In answering this question, the ADA defines a physical or mental impairment as (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitor-urinary, hemic and lymphatic, skin and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

3. If you answered "yes" to question 2, please identify the specific physical or mental impairment:

4. Does the above-identified impairment substantially limit a major life activity of the employee?

_____ Yes _____ No

In answering this question the ADA defines the term substantially limits to mean (1) unable to perform a major life activity that the average person in the general population can perform: or (2) is restricted as to the condition, manner or duration under which the average person in the general population can perform that same major life activity.

The ADA also defines major life activities to mean functions such as caring for ones self-performing manual tasks, walking, seeing, hearing, talking, breathing, learning and working.

5. Please describe what major life activity(ies) are limited and describe how and to what extent the impairment substantially limits the activity(ies).

6. Is the impairment temporary or permanent? Temporary _____ Permanent _____

7. If the impairment is temporary, what is the expected duration of the impairment?

8. In what specific way(s) and to what extent does the impairment affect his/her ability to perform the essential functions of his/her job? (See attached job description)

9. What corrective devices (e.g. prosthesis, hearing aids, medication, therapies, etc.) have been prescribed or recommended for the above-described medical condition?

10. Do the recommended corrective devices or other measures affect, positively or negatively, the employee's ability to perform the essential functions of their job?

11. Which of essential functions is he/she able to perform now?

12. Which of the essential job functions is he/she unable to perform?

13. Please provide any other medical information or documentation that you believe will assist in evaluating the nature, severity and duration of his/her impairment, the activity or activities the impairment limits and the extent to which the impairment limits his/her ability to perform the activity or activities.

14. Do you have any suggestions as to what types of accommodations should be considered?

15. Please describe your medical expertise as it relates to this case.

Thank you for taking the time to furnish this information on behalf of your patient. We will use the information you have provided to evaluate the employee's request. Please return this document to the above-named patient.

Name of provider: _____

Address: _____

Phone: _____

Please return this form to the above-named patient.

Assurance of Nondiscrimination

Denton ISD does not discriminate on the basis of race, religion, color, national origin, sex, disability, or age in providing education services, activities, and programs, including vocational programs, and also provides equal access to the Boy Scouts and other designated youth groups, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended; Age Discrimination Act of 1975; Title II of the Americans with Disabilities Act; and the Boy Scouts of America Equal Access Act.

The following District staff members have been designated to coordinate compliance with these legal requirements:

- **Title IX Coordinator, for concerns regarding discrimination on the basis of sex:**
Dr. Robert Stewart
Assistant Superintendent of Human Resources
rstewart@dentonisd.org
940-369-0593
- **Section 504 Coordinator, for concerns regarding discrimination on the basis of disability:**
Dr. Lacey Rainey
Area Superintendent of Academic Programs
lrainey@dentonisd.org
940-369-0571
- **Americans with Disabilities Act (ADA) Coordinator, for concerns regarding discrimination on the basis of disability:**
Dr. Lacey Rainey
Area Superintendent of Academic Programs
lrainey@dentonisd.org
940-369-0571
- **All other concerns regarding discrimination:**
Dr. James Wilson
Superintendent
1307 N. Locust St.
Denton, TX 76201
940-369-0000