

6. If long-term, describe the long-term impact of the impairment. (If unsure how long condition will last, please give your best estimate.)

7. List medications (over-the-counter and prescribed) that employee takes for the impairment and/or prosthetic devices used.

8. What are the side effects of the medication as it relates to employees job/testing?

What accommodations does the employee require to perform the essential job functions of their position, or complete employment exam?

Physicians Signature

Date