



THE UNIVERSITY OF WINNIPEG

Medical Accommodation Form

Employee Identification:

Name

Date of Birth

The University of Winnipeg provides reasonable accommodation(s) for medical restrictions and/or functional limitations that are due to medical illness/disability. For the University to assess the employee's eligibility for accommodation on the grounds of illness/disability, and to determine appropriate accommodations that will meet the medical restrictions/functional limitations of the employee, the University is requesting supporting medical information. Please attach an additional page if further space is required.

This form may be completed by:

- A doctor or nurse practitioner licensed to practice in Canada.
- For ergonomic and/or adaptive equipment, an occupational therapist, physical therapist, athletic therapist, chiropractor, or ergonomist would be accepted as long as it is within the health professional's scope of practice.
- For accommodations related to vision, an optometrist would be accepted.
- For accommodations related to hearing, an audiologist would be accepted.

If the University does not receive enough information on this form, they may request an additional note.

1. Does the above-named individual require accommodation in the workplace due to medical illness/disability?

- ☐ Yes
☐ No

2. Please indicate the medical restrictions and/or functional limitations that the University is being asked to accommodate. A restriction is an activity that the individual is medically advised not to perform in any capacity. A limitation is an activity that the individual may perform in a reduced capacity. It is not necessary to provide a diagnosis on this form.

3. How do the above-listed medical restrictions and/or functional limitations impact the individual's ability to perform their work tasks?

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4. Please provide suggestions concerning appropriate accommodations for the individual's medical restrictions/functional limitations listed above.

5. Please provide any other information that you feel would be useful for the University to consider in determining the individual's eligibility for accommodation.

6. Length of Recommendation

- ☐ Permanent
- ☐ Temporary from (dd/mm/yyyy): _____ to _____
- ☐ Unsure – date of reassessment (dd/mm/yyyy): _____

7. This medical opinion is based on:

___ Patient History ___ Examination ___ Objective Evidence (signs or investigational data)

Medical Professional's Signature:

Date: _____

Medical Professional's Name and Address:
(Please print or use stamp)

Please return this form to the Wellbeing Office at wellbeing@uwinnipeg.ca or call 204.789.9606 to arrange to fax to attention of Wellbeing at 204.774.2935.

Costs associated with the completion of this form are the responsibility of the patient.

