

**Department of Energy, Labor and Economic Growth/Equal Opportunity Office**  
3024 W. Grand Blvd. - #12/350      611 W. Ottawa – PO Box 30004  
Detroit, MI 48202      Lansing, MI 48909

PHYSICIAN'S STATEMENT  
SUPPORTING EMPLOYEE'S REQUEST FOR RESASONABLE ACCOMMODATION  
OR ERGONOMIC ASSESSMENT

Physician Please Complete the Following:

1. Patient's name: \_\_\_\_\_  
\_\_\_\_\_
2. Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Prognosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Recommended Accommodation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Date When Employee's Condition Will No Longer Be Limiting: \_\_\_\_\_
6. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Physician's Name, Address, and Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
My signature above denotes I have authorized the release of medical information to my employer.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: This information will be retained in a separate confidential file in the DeLEG Equal Opportunity Office.