



**Form EEO-MSTA
Medical Status for Temporary Accommodations**

In order to make a determination about the nature of this employee's medical condition and whether the employee might be considered for temporary accommodations, the Medical College of Georgia requests the following information from the employee's healthcare provider. This information is treated confidentially, is not maintained in the employee's personnel file, and will be used only by authorized individuals with direct need to know and/or evaluate the information. Please return this form to **Medical College of Georgia, EEO/AA Office Room AE 1059, Augusta, GA 30912, Office 706.721.7782, Fax 706.721.1875**

SECTION TO BE COMPLETED BY EMPLOYEE

Employee's Name:	Social Security #:	Date of Birth:
Street Address, City, State, Zip	Day Phone:	Evening Phone:
In order for MCG to evaluate my status with regard to possible need for accommodation, my healthcare provider may release this information and may provide additional clarification/information/documentation if requested by MCG.	Employee's Signature	

SECTION TO BE COMPLETED BY HEALTHCARE PROVIDER

Name of Physician/Practitioner	Degree/Specialty/Type of Practice
Street Address, City, State, Zip	Office Phone

1. Please state the patient's diagnosis



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2. Is this condition “temporary”, less than 6 months duration?

3. What are the limitations on this employee relative to him/her performing the essential functions of the job?

4. In your professional opinion, is a “temporary” accommodation required?

5. How long do you believe the temporary accommodation will be required?

6. Regular attendance is an essential function of virtually all MCG positions. An individual who cannot attend work regularly therefore may not qualify as “able to perform the essential functions of the position.” In your professional judgment, does the medical condition, though temporary, create impairment that might ordinarily cause the individual to be *unable to report* to work in any substantive way?

Yes No

6a. If yes to 6, what is the general expectation of the *average* number of days this individual might be expected to miss work:

_____ Work days/month (month = 22 workdays)

_____ Work days per year (year = 262 workdays)