FIU Human Resources
FLORIDA INTERNATIONAL UNIVERSITY

INCLUSION, DIVERSITY, EQUITY, & ACCESS
PHYSICIAN'S VERIFICATION OF ACCOMMODATION

Please print legibly and file completed form with the Office of Inclusion, Diversity, Equity & Access (IDEA) located at 11200 SW 8th Street, PC 321, Miami, Florida 33199. Our office can be reached at (305) 348-2785. You may also email it to us at idea@fiu.edu.

Employee/Patient Name: ____

Diagnosis: ____

Date Initially Diagnosed: ____________________ **Probable Duration of Condition:** ____________________

Recommended Accommodation(s): ____

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Prescribed treatment regimen (Please indicate general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment and whether or not it is medically necessary for the employee to miss work on an intermittent basis or to work less than the employee's normal scheduled hours per day or days per week.):

Treatment by Physician/Practitioner: ____

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Treatment by Physician Referred Health Services Provider: ____

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Physcian's/Practitioner's Name (please print): ____

Type of Practice (Field of Specification, if any): ____

Florida Board of Medical Examiners License Number: ____

Address: ____

Telephone Number: ______________________________ **Web Address:** ______________________________

Physician's Signature: ____ **Date:** ____________________

Explain why you feel you have been discriminated against: ____