Maryland
DEPARTMENT OF HEALTH

Office of Equal Opportunity Programs | **Equal Access Compliance Unit**
201 W. Preston Street, Room 422-H | Baltimore, Maryland 21201

REQUEST FOR REASONABLE ACCOMMODATION

To request a reasonable accommodation, complete this form and present it to your unit/program ADA Designee. Contact information for MDH Unit ADA Designees can be obtained by contacting the OEOP Equal Access Compliance Unit at 410-767-6600.

Requesting Party's Name:	Job Title / Position Applied to or Program Name:	
Daytime Phone Number:	Request Date:	Address:
Email Address:		
Please check one: ☐ Employee ☐ Applicant ☐ Program Participant		
If employee, Supervisor's Name and Phone Number:		
State the functional limitations that you experience as a result of your health condition: ***NOTE: SPECIFIC DISABILITY NEED NOT BE DISCLOSED***		
My limitation(s) prevents me from performing the following program or work-related activities:		

I am requesting accommodation because:

☐ I am applying for employment and the accommodation will allow me to participate in the application / selection process.

☐ I am currently employed by the State of Maryland and require an accommodation in my current position.

☐ I am a person seeking an accommodation so that I may participate in a MDH program, service or activity for which I am otherwise qualified.

The accommodation I am requesting is: (Describe the type of accommodation, suggestions for work site, exam or program site modifications or specific job duties that may be restructured to facilitate your employment or participation, and the details of how or where the accommodation (if purchasable) may be obtained, including the cost, if known).
This accommodation will allow me to perform the functions of my job or participate in the application / selection process or program as follows: (Describe how the accommodation will assist you)
☐ **I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE MEDICAL INFORMATION FROM MY HEALTH CARE PROVIDER AS PART OF THIS PROCESS.**

SIGNATURE

DATE

PRINT NAME

Please forward to:

Maryland Department of Health
Office of Equal Opportunity Programs
Equal Access Compliance Unit
201 W. Preston Street, Room 422-H
Baltimore, MD 21201
Office: (410) 767-6600
Fax: (410) 333-5337
Email: mdh.oeop@maryland.gov

Maryland
DEPARTMENT OF HEALTH
Office of Equal Opportunity Programs | Equal Access Compliance Unit
201 W. Preston Street, Room 422-H | Baltimore, Maryland 21201

Authorization for Release of Medical Information for Reasonable Accommodations

Patient Information

Name: _____ Date of Birth: _____

Mailing Address: _____

City, State, Zip: _____

Office #: _____ Mobile #: _____

Medical Provider Information

Name: _____

Specialty: _____

Mailing Address: _____

City, State, Zip: _____

Office #: _____ Fax #: _____

By my signature, I authorize my medical provider listed above to discuss directly and/or in writing my mental and physical health condition with my employer, the Maryland Department of Health, as it relates to my request for a reasonable accommodation. I understand that the requested information is solely for the purpose of determining whether I have a disability and the need for a reasonable accommodation to perform the essential functions of my position.

_____

Signature of Patient Date