



EMPLOYMENT ACCOMMODATION FUND APPLICATION

Please print, complete and forward with relevant documentation to the Employment Accommodation Fund, Human Rights and Equity Office.

Name: _____

Department: _____ Date: _____

Request: _____

The University of Guelph is committed to providing accommodation that is compatible with your disability. In order to fulfill your request for funding that will assist you in performing the essential duties of your job, please complete this form. All medical information that is requested in regard to this application will remain confidential and will only to be reviewed by the members of the Employment Accommodation Fund Committee.

Documentation of my disability has been provided to Occupational Health or submitted with this application: yes__ no__
(this appointment can be booked by contacting Occupational Health, extension 54824)

Is this request related to a Workplace Safety Insurance Board (WSIB) claim? yes ___ no ___

Have other sources of funding been accessed: ? _____

If applicable:

Earliest expected Return to Work date: _____

What, if any, modified work restrictions should be addressed? (Compatible with your diagnosis)

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

Date: _____ Patient's Date of Birth: _____

I _____ authorize Dr _____
(Name of Patient) (Name of doctor)

to release medical information to Dr. Jonathan Davids of Occupational Health Services, University of Guelph.

Signature of Patient

Witness

FOR OFFICE USE ONLY

Further medical information is required: yes__ no__

An ergonomic assessment is recommended: yes__ no__