



Form - Employee Request for Accommodation

With a Support Animal

Occupational Health & Wellness (OHW)

Phone: 519-824-4120 ext. 52647

Fax: 519-780-1796

E-Mail: ohw@uoguelph.ca

The University of Guelph is committed to creating an environment that is accessible and inclusive to all members of the campus community. The University is also responsible in meeting its legal requirements for accommodations and making every reasonable effort to accommodate its employees. Please provide the following information to assist us in planning for your request of an accommodation with a support animal. For additional information regarding support animals on campus, including the definition of support animal, documentation requirements, responsibilities of handlers, and behavioral expectations of support animals, please read [the Animals on Campus Protocol and the Animals on Campus Procedures](#).

Confidentiality of personal health information will be protected and will not be released to anyone outside of Occupational Health and Wellness without the employee's written consent, in keeping with our policies and practices. The supervisor will be provided with specific functional information with associated strategies which will be used to assist in the accommodation process.

Section A: Employee Information: (to be completed by employee)

| | | | |
|---|--------------------------------|------------------------|----------------------------|
| NAME: (Surname) | | (Given Names) | Date of Birth (YYYY-MM-DD) |
| HOME ADDRESS: (Street, City, Postal Code) | | HOME/CONTACT PHONE NO. | |
| DEPARTMENT/COLLEGE | SCHOOL/DEPARTMENT/SERVICE UNIT | | JOB TITLE |
| FACULTY CHAIR/SUPERVISOR | | PHONE NO. | |

1. Please provide the species and approximate size of the animal: _____
2. Has your support animal received appropriate training to assist with your particular disability? Yes No

If YES, please provide information regarding the training received (for example, training organization, certificate of training, proof of registration with an accredited organization etc.) to OHW.

Section B: Medical Information (to be completed by a qualified medical practitioner).

Please be advised that by completing this form you are certifying that the information is true and accurate and is in keeping with professional standards outlined by the professional and regulatory bodies that govern your practice. You further understand that all information requested must be **fully** completed to ensure the employer can determine the employee's accommodation.

3. General nature of illness: _____
 4. Is the employee under your direct, continuous and medically appropriate care for the condition requiring the support animal? Yes No
 5. Is complete recovery expected? Yes No
 6. What is the expected duration of this accommodation? Permanent Temporary
- If Temporary please provide an applicable timeline _____
- Next Reassessment Date (DD/MM/YYYY): _____

Name of Patient: _____ Date of Birth (DD/MM/YYYY) _____

7. Do you certify that the employee has a medical condition that results in an impairment and subsequent disability and requires this support animal for reasons related to that disability? Yes No

8. What specific activities require the employee's use of the support animal while at work?

9. As part of this accommodation is the support animal expected to be with the employee at all times during the work period?
Yes No

If No please explain

10. Is the patient adequately equipped (emotionally, psychologically, physically and socially) to manage the behaviour and needs of the animal, as well as any reasonably foreseeable responses from the public to the animal's behaviour/presence?

Yes No

11. If there are other accommodation need other than the use of a service animal, please complete the enclosed Functional Capacity Form (FCF)

By affixing my signature below, I certify that I am a qualified healthcare provider and that I have personally assessed and treated the above patient/employee. It is my opinion that the information is true and accurate.

TREATMENT PROVIDER NAME: (Please Print) _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

SIGNATURE: _____ DATE: _____

Once completed please return by email or fax to Occupational Health and Wellness
at ohw@uoguelph.ca or (519) 780-1796.

Any costs associated with providing the above information will be the responsibility of the employee.