

ADA/FEHA COVID-19 Disability Accommodation Certification

Instructions: Please note, this request form should be utilized for **COVID related disability accommodations**. Employee/applicant shall contact the treating health care provider to complete this form. Employee/ applicant should return the completed form to ADA coordinator at SJSU.

To:
Treating Doctor/Health Care Provider

Re:
Empl

b. PLEASE IDENTIFY WORKPLACE

6.