

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**REASONABLE ACCOMMODATION DECISION FORM  
AMERICANS WITH DISABILITIES ACT**

**Employee**       **Program Participant**       **Candidate for Employment**

**Name:** \_\_\_\_\_ **DOH/ADA No.** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home or Cell Phone No:** \_\_\_\_\_

**DOH Work Address:** \_\_\_\_\_

**DOH Work Phone No:** \_\_\_\_\_

**DOH Work Location/Bldg:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_

**The accommodation being requested is:** (Be as specific as possible, e.g. adaptive equipment, interpreter, reader, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Accommodation request:**

- Application Process
- Performing position functions or work environment accessibility
- Access to a benefit, privilege of employment or CHD/CMS (e.g. attending a training program, department social event, or clinic appt.)

**Was medical documentation submitted as support for this request?**  yes  no

**Reasonable Accommodation Decision:**

**Approve** (state accommodation that was approved)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Deny** (state reason for denial)

---

---

---

\_\_\_\_\_ **Recommended Alternative Accommodation** (see below)

Type(s) of alternative reasonable accommodation recommended (if different from what was requested):  
(attach additional sheets if necessary)

---

---

---

**Name and Title of EO Investigator:** \_\_\_\_\_

**Date of recommendation:** \_\_\_\_\_  
(approved, denied, or alternative accommodation recommended)

**Phone:** \_\_\_\_\_

**Signature of EO Manager/ADA Coordinator:**

---

**Date of decision:** \_\_\_\_\_

**If you wish to request a reconsideration of this decision, please take the following steps:**

- 1. Please submit, in writing, a request for the EO Manager/ADA Coordinator to reconsider the decision. Additional information may be presented to support this request.**