**REQUEST FOR REASONABLE ACCOMMODATION *for Campers and Employees***

PARENT/EMPLOYEE NAME:

CAMPER NAME:

TELEPHONE NUMBER:

ADDRESS:

PHYSICAL OR MENTAL IMPAIRMENT:

1. Is the impairment long-term or permanent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If **not** permanent, how long will the impairment last? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Does the impairment mean that the individual is substantially limited in one or more major life activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. If yes, describe what major life activities is/are affected (e.g. walking, standing, concentrating, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHEN ACCOMMODATION NEEDED:

ACCOMMODATION REQUESTED:

A. Access to facility, program or activity (Indicate how access or participation can be accomplished):

B. Job restructuring/modification:

C. Purchase or modification of equipment:

D. Work related personal accommodation:

E. Other:

ADDITIONAL INFORMATION:

**PHYSICIAN QUESTIONNAIRE**

Name of Camper or Employee:

DOB:

Address:

Phone:

A referral has been initiated for the above-named student/employee under the Americans with Disabilities Act of 1973, as amended. In order for a camper or employee to qualify for protection, s/he must have a physical or mental impairment that substantially limits one or more major life activities (e.g., caring for one’s self, performing manual tasks, walking, seeing, hearing, eating, sleeping, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions such as the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions, etc.). Because the referral is related to medical concerns, we are requesting information from you. **The information sought on this form pertains only to the condition for which the camper/employee is requesting accommodation under the ADA.** We are asking that you not provide any genetic information when responding to this request for medical information.

Please complete this form and attach any reports pertinent to the medical and/or educational needs of this child. We are NOT requesting evaluation, testing, or services be performed, but reports of diagnostic work performed in the past.

1. Does this individual have any physical and/or mental impairments?

2. What major life activity(ies) may be substantially limited as a result of the impairment?

3. How does the individuals limitation(s) in major life activities interfere with his/her ability to participate in the camp?

4. What precautions or accommodations do you recommend to enable the camper/employee to participate?

Physician’s Signature: Date:

\*Please return to parent/guardian who will turn into All Sports Camp Site Director