

To Evaluator: The employee listed below is requesting an exemption to SJSU's Housing Pet Policy and/or as a University accommodation, as applicable, for the allowance of an ESA as an accommodation for a verified disability. By providing a full and complete response, you will help to expedite the processing of this employee's accommodation request, and reduce the need to return to you for additional information.

In order to consider the request and to permit an ESA as a reasonable accommodation, the university requires documentation from a qualified treating professional, such as yourself, that substantiates the employee's status as a person with a disability who requires the presence of an animal in order to equally access/fully enjoy his or her campus experience, which includes University Housing.

Form letters that do not provide differentiating information about the employee's personal disability experience, or letters that are generated as a result of a single, remote evaluation solely for the purpose of recommending an ESA are also not considered adequate documentation. Requests for multiple animals must include information about the distinct and separate assistance provided by the presence of each animal in relation to the mitigation of the employee's disability. Handwritten notes, or notes written on prescription pads, are not considered adequate documentation.

Please Note: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

For general questions or to obtain clarification about the information requested on this form, please contact EARC at (408) 924-6003.

Verification requested for: _____
Employee/Patient Name: (Last, First, M.I.)

To be completed by licensed practitioner:

Letter Option: Letters must be submitted on office letterhead from treating professional's office and must include a wet signature. The letter must include the following information and any other information that will assist the EARC in determining the employee's request:

1. Brief summary of your professional relationship to the employee, including duration of time providing care.
2. Verification of disability status through:
 - a. A description of the specific functional limitations experienced as a result of the disability and how these limit one or more major life activities.
3. How the ESA serves as a mitigating factor in the ongoing treatment or management of the employee's disability, including as related to the use and enjoyment of the employee's campus experience, which includes University Housing.

Employment Accommodation Resource Center (EARC)
 One Washington Square, San Jose, CA 95192-0046

P: (408) 924-6003 | F: (408) 924-4358 | TTY: (408) 924-5990

4. Identify if the employee is using any measure(s) (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitation(s) caused by the employee's impairment; if so, do the mitigating measure(s) eliminate the limitation(s).
5. Based on your diagnosis, how would the ESA alleviate these limitations? In what ways is the ESA part of the employee's treatment plan?
6. Identify any other accommodation that may be equally effective in allowing the employee to use and enjoy campus experience, which includes University Housing.
7. What type of animal is the employee requesting as an ESA? Why this particular type of animal?

Form Option: please address each of the following questions:

DSM V/IV Diagnosis: _____

Duration of Diagnosis: Permanent Progressive Chronic Temporary - through _____

Axis I: _____ Axis II: _____

Axis III: _____ Axis IV: _____

Axis V: _____

How often do you see this employee? _____ Date of employee's last visit: _____

Length of time this employee has been under your care: _____

Major Life Activity:

Does the impairment affect a major life activity? Yes No

If yes, what major life activity(ies) is/are affected? Please check the level of limitation you believe this employee experiences as a result of his/her's disability(ies). Check only those boxes that apply.

1 = Unable to determine

2 = Mild

3 = Severe

Major Life Activity	Major Life Activity	Major Life Activity
Bending	Breathing	Caring for oneself
Communicating	Concentrating	Controlling bowels
Eating	Hearing	Interacting w/others
Learning	Lifting <lbs.	Performing manual tasks*
Reaching	Reading	Reproduction
Running	Seeing	Sexual functions
Sitting	Sleeping	Speaking
Standing	Thinking	Walking
Working		

Operation of major bodily functions†:

Other: (please specify)

* including household chores, bathing, brushing teeth

† including functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions

1. Describe how each impairment substantially limits the employee's ability to perform the marked major like activities as compared to most people in the general populations:

2. Please identify if the employee is using any measure(s) (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitation(s) caused by the employee's impairment; if so, do the mitigating measure(s) eliminate the limitation(s).

3. Based on your diagnosis, how would the ESA alleviate these limitations? In what ways is the ESA part of the employee's treatment plan?

4. Please explain how the accommodation is necessary for the employee to use and enjoy the campus experience, which includes University Housing, as compared to a person without a disability:

5. Please identify any other accommodation that may be equally effective in allowing the employee to use and enjoy campus experience, which includes University Housing:

6. What type of animal is the employee requesting as an ESA? Why this particular type of animal?

**Certifying Licensed Physician or Primary Health Care Provider qualified in
the appropriate specialty area.**

(Must be completed by a licensed practitioner)

Name: (Last, First, M.I.) _____

Medical Facility: _____

Address _____

City _____

State: _____ ZIP: _____ Phone: _____

License no: _____ Specialty: _____

Signature: _____ Date: _____

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

For general questions pertaining to information requested, please contact the Employment
Accommodations Resource Center at 408-924-6003.