



**AMERICANS WITH DISABILITIES ACT COMPLIANCE FORM  
IN RESPONSE TO AN EMPLOYEE ACCOMMODATION REQUEST**

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Date:

Name of Employee:

Name/Title of Medical Provider completing this form: \_\_\_\_\_

The following efforts have been employed locally and nationally regarding the COVID pandemic.

- Local and national COVID vaccination efforts
- A decline in infections & hospitalizations
- Students, faculty, and staff generally participate in small, in-person classes, activities, and events that allow individuals to remain spaced at least 6 feet apart
- There are regularly scheduled (e.g., at least daily or between uses) cleaning and disinfection of frequently touched areas.

Hence, the COVID pandemic impact has diminished and appears to be under full control. Accordingly, please reassess your patient’s ADA accommodation request to work remotely. Specifically, given the diminished pandemic status, what steps/actions do you recommend to permit the employee/patient to return to in-person teaching?

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

Medical Provider Name/Title (Print) \_\_\_\_\_

Medical Provider Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:  
Texas A&M University-Corpus Christi  
Employee Development & Compliance Services  
Attn: Dr. Rosie Ruiz  
Associate Director, EDCS, & ADA Coordinator  
6300 Ocean Drive, Corpus Christi Hall Room 130  
Corpus Christi, TX 78412-5788  
or fax to 361.825.5513