

Due to a diagnosed medical condition, injury and/or disability _____ will require workplace adaptations for the following impacts (check all that apply):

- | | | |
|--|---|----------------------|
| <input type="checkbox"/> Standing | <input type="checkbox"/> Attention/Focus/Concentration | Other impacts: _____ |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Working memory | _____ |
| <input type="checkbox"/> Stair Climbing | <input type="checkbox"/> Processing verbal information | _____ |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Processing written information | _____ |
| <input type="checkbox"/> Handwriting | <input type="checkbox"/> Stress/anxiety | _____ |
| <input type="checkbox"/> Lifting/Carrying/Reaching | <input type="checkbox"/> Low mood/depression | _____ |
| <input type="checkbox"/> Grasping/Gripping/Dexterity | <input type="checkbox"/> Social interactions | _____ |
| <input type="checkbox"/> Keyboarding | <input type="checkbox"/> Organization/Time management | _____ |

The diagnosis is: Permanent Temporary Chronic Episodic

Additional information (optional): _____

The following workplace adaptations are recommended (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Speech to text software | <input type="checkbox"/> Flexible work schedule | Other adaptations: _____ |
| <input type="checkbox"/> Text to speech software | <input type="checkbox"/> Written instructions | _____ |
| <input type="checkbox"/> Headset | <input type="checkbox"/> Verbal instructions | _____ |
| <input type="checkbox"/> Ergonomic chair | <input type="checkbox"/> Hands on learning | _____ |
| <input type="checkbox"/> Sit to stand desk | <input type="checkbox"/> Time management tools | _____ |
| <input type="checkbox"/> Ergonomic mouse | <input type="checkbox"/> Organizational tools | _____ |
| <input type="checkbox"/> Ergonomic keyboard | <input type="checkbox"/> Screen overlay | _____ |
| <input type="checkbox"/> Noise cancelling headset | <input type="checkbox"/> Captioning | _____ |
| <input type="checkbox"/> Earplugs | <input type="checkbox"/> Audio capable documents | Address/Office Stamp: |
| <input type="checkbox"/> Quiet environment | <input type="checkbox"/> Large font | <div style="border: 1px solid black; width: 100%; height: 100%;"></div> |

Registration #:

Signature:

Date: