



# HOWARD COUNTY GENERAL HOSPITAL

JOHNS HOPKINS MEDICINE

## Essential Job Functions

Employee Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department or Unit: \_\_\_\_\_

**I have read the description of the job for which I accepted a conditional offer of employment. Give my current health status (check one):**

I am able to perform each essential function without a reasonable accommodation.

I am able to perform each essential function, but will need a reasonable accommodation. (For each essential function for which you will need an accommodation please describe the reasonable accommodation you are requesting.)

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

I am unable to perform the following essential functions, event with reasonable accommodations. (List each essential function.)

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

I need to determine whether I can perform each essential function with or without a reasonable accommodation. (List each essential function of concern and identify the impairment or limitation that may prevent you from performing that function.)

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

FOR ADDITIONAL INFORMATION ABOUT REQUESTING A REASONABLE ACCOMMODATION, PLEASE SPEAK WITH OCCUPATIONAL HEALTH STAFF OR HUMAN RESOURCES OFFICE.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of New Hire