



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