



**Medical Provider Statement
for Assistive Animal**

INSURANCE AND RISK MANAGEMENT
10920 WILSHIRE BOULEVARD, SUITE 860
LOS ANGELES, CALIFORNIA 90024-1352
PHONE: (310) 794-6948
FAX: (310) 794-6957

Dear Medical Provider:

Your patient, a UCLA Employee, has requested an accommodation of an Assistive Animal in the workplace. Please review the attached definitions and then complete all questions. If necessary, attach additional sheets. Please return form to:

ATTN:
UCLA Employee Disability Management Services

FAX (310) 794-8642
Email: [@irm.ucla.edu](mailto:irm@ucla.edu)

Employee Name:

Patient requires the use of a: (Please see definitions on page two and check appropriate box)

<input type="checkbox"/>	Guide dog	<input type="checkbox"/>	Service Dog or Animal
<input type="checkbox"/>	Signal Dog or Animal	<input type="checkbox"/>	Support Dog or Animal

*Does the patient have a disability? ___Yes ___ No. If yes, please answer what major life activities are limited by the disabling condition or illness, i.e. caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and/or working? Do not name the actual illness or condition(s).

*Please explain why the dog or animal is necessary as an accommodation to allow the employee to perform the essential functions of the job:

*Will the dog or animal be needed on a temporary basis? ___Yes ___ No

If Yes, fill in dates: From _____ To _____

*Will the dog or animal be needed permanently? _____

Physician Signature

Date

Name (please print)

Practice Specialty

Mailing Address

Telephone Number

(A) "Guide" dog, as defined at Civil Code section 54.1, trained to guide a blind or visually impaired person.

(B) "Signal" dog, as defined at Civil Code section 54.1, or other animal trained to alert a deaf or hearing impaired person to sounds.

(C) "Service" dog, as defined at Civil Code section 54.1, or other animal individually trained to the requirements of a person with a disability.

(D) "Support" dog or other animal that provides emotional or other support to a person with a disability, including, but not limited to, traumatic brain injuries or mental disabilities such as major depression.

*UCLA's request for this documentation is in accordance with California Code of Regulations § 7294.0 wherein it is stated that the employer may request a letter from the employee's health care provider stating that the employee has a disability and explaining why the employee requires the presence of the assistive animal in the workplace (e.g., why the animal is necessary as an accommodation to allow the employee to perform the essential functions of the job).

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.