



CITY OF NEWPORT NEWS
DEPARTMENT OF HUMAN RESOURCES
700 Town Center Drive, Suite 200
Newport News, VA 23606
Telephone: 757-926-1800 Fax: 757-926-1842

REQUEST FOR MEDICAL EVALUATION/ADA DETERMINATION

PLEASE COMPLETE THE FOLLOWING:

_____	_____	_____
Date	Time	Facility
_____	_____	_____
Employee's Name		Employee ID#
_____		_____
Department		Job Position

DETAILED REASON(S) FOR REQUESTING MEDICAL EVALUATION/ADA DETERMINATION:

_____	_____
Supervisor's Name	Telephone No.
_____	_____
Supervisor's Signature	Date

Approved By:

_____	_____	_____
Human Resources Representative	Telephone No.	Date

_____	_____
PHYSICIAN/LOCATION FOR APPOINTMENT	DATE/TIME