

Physician Form - Request for Special Exam Accommodation CFM Exam

A request for an exam-related reasonable accommodation has been made by a CFM exam candidate, _____ (name). To assist us with this process, please complete the following questions below.

Please answer these questions to help determine disability and reasonable accommodation.

Does the employee have a physical or mental impairment, diagnosed/tested for within the last four years?

If yes, what is the impairment?

Date of diagnostic testing _____

What limitations would interfere with taking the CFM exam, a four-hour, computer based format exam?

What adjustments to the exam environment would enable the employee to take the exam?

Any additional comments or suggestions:

Physician Signature

Date

Name of Physician _____

Address _____

Phone number _____