



## LIVINGSTON COUNTY CIVIL SERVICE EXAM ACCOMMODATION REQUEST

**INSTRUCTIONS TO EXAMINEE:** If you have a disability and need an accommodation in order to participate in a Civil Service examination, you must complete Part A of this form. You must then have Part B completed by your health care provider and return the completed form to the Livingston County Personnel Office at 6 Court Street, Room 206, Geneseo, NY 14454. *All requests must be submitted no later than 2 weeks prior to the date of the examination.*

**PART A: To be completed by examinee:**

<b>Your Name</b>	
<b>Social Security Number</b>	
<b>Exam Name</b>	
<b>Date of Exam</b>	

I believe I am a qualified person with a disability and that I am in need of a reasonable accommodation in order to participate in the Civil Service examination indicated above. I attest under penalties of perjury that **all** information provided in Part B of this form was provided by my health care provider.

<b>Print Name</b>	
<b>Signature</b>	
<b>Date</b>	

**[Part B begins on the back of this page.]**

**INSTRUCTIONS TO HEALTH CARE PROVIDER:** Your patient is requesting an accommodation for a Civil Service examination. Please complete the remainder of this form fully and return the form to your patient. Incomplete or illegible forms may result in the denial of an accommodation request.

**PART B:** To be completed by examinee's health care provider:

1. Does the patient have one or more disability(ies) (i.e. a physical, mental or medical impairment resulting from anatomical, physiological, genetic or neurological conditions which prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques)?

Yes  No

2. For each of the following activities, indicate whether the disability(ies) impact(s) the patient's performance of the activity and, if so, whether an accommodation is needed for your patient to participate in the examination:

#	Activity	Disability(ies) impact(s) performance of activity?	Accommodation needed?
1	Reading exam questions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Answering exam questions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Listening to recorded data in order to answer exam questions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Marking an exam paper with a pencil	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Keyboarding using a standard computer keyboard and monitor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Sitting in a standard chair for the length of the examination (i.e. 2-8 hours, depending upon exam)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Working at a desk for the length of the examination (i.e. 2-8 hours, depending upon exam)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Participating in an exam in a quiet group setting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Listening and following oral instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Reading and following written instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Other accommodation needed		<input type="checkbox"/> Yes <input type="checkbox"/> No

[Continued on next page.]

3. Explain why an accommodation is needed and what accommodation is recommended for each of the items above for which you checked “yes” to the question “Accommodation needed?”

<b>Activity #</b>	<b>Why is an accommodation needed?</b>	<b>What accommodation do you recommend?</b>

(Attach a separate sheet if additional space is needed.)

<b>Provider’s name &amp; business address (please print)</b>	
<b>Type of practice/medical specialty</b>	
<b>Telephone number</b>	
<b>Fax number</b>	
<b>Signature of health care provider</b>	
<b>Title of health care provider</b>	
<b>Date</b>	