

SUMMARY OF INTERACTIVE CONFERENCE

Date of Conference: _____ Employee's Name: _____

Supervisor: _____

In attendance: _____

Position: _____ Site: _____
(Attach copy of job description/job function analysis)

Work restrictions/functional limitations: _____

Date of Injury/Onset of illness: _____

Are these restrictions temporary? _____ No _____ Yes (Give date of follow-up examination or
estimated date of release from restrictions) _____

Has the employee been asked to provide medical verification of these restrictions/limitations?

_____ Yes _____ No

If yes, date(s) of request: _____

Has medical note been provided? _____ Yes (*please attach*) _____ No

Is the information adequate to determine the accommodation needed? _____ Yes _____ No

Accommodation(s) requested:

RESULTS

This interactive conference resulted in the following agreements:

The following accommodation(s) *will* be provided to the employee: _____

The following requested accommodations *will not* be provided:

Reason: _____

This agreement will be reconsidered on Date: _____ to determine whether the accommodation(s) is effective and/or whether the employee's restrictions have changed.

[Large empty rectangular area for text or signatures]

By signing this form, all parties agree to keep the information discussed confidential, except to consult with medical or legal professionals regarding respective rights and obligations.

Employee's Signature: _____	Date: _____
Human Resources: _____	Date: _____
Other Participant: _____	Date: _____
Other Participant: _____	Date: _____

