



908 South 8th Street, Suite 500
Louisville, Ky. 40203

Exam Accommodation Request Form

Safenetix is responsible for monitoring and addressing compliance with the Americans with Disabilities Act as well as Section 503 of the Rehabilitation Act of 1973. Please fully answer each item in Section I, then provide the form to certifications@safenetix.com or return via fax to 502.964.1337.

First Name: _____ M.I. _____ Last Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Home Phone: _____
Work Phone: _____ Cell/Other Phone: _____

Describe your current request for accommodation because of a disability:

Describe the functional limitations caused by your disability for which you are requesting an accommodation. Use additional pages, if necessary. (Attach any additional medical documentation):

Describe any accommodation(s) you believe would minimize or eliminate the functional limitations listed above. Include any available information relating to source, name of device, etc. Use additional pages, if necessary:

I have voluntarily completed this Exam Accommodation Request Form and all information provided is true and accurate to the best of my knowledge or belief. I give Safenetix permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include speaking to appropriate personnel and/or my health care professional, and acknowledge that such communication is job-related and consistent with business necessity. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I further understand that I may be required to provide appropriate documentation of my disability, including the impact of the functional limitations on my ability to perform the essential functions of my job.

Signature of Applicant: _____ Date: _____