

ADA Reasonable Accommodation Request Form

The purpose of this information is to process the reasonable accommodation request. Completion of this form is not mandatory; however, failure to provide the information may result in your reasonable accommodation request not being processed. Privia Health will keep your reasonable accommodation request confidential and use it solely for the purpose of the candidate application process. For a list of our physical demands per work environment, please click this link: [Physical Demands List](#).

Date: _____

Candidate Name: _____

Phone: _____ Email: _____

Job Opening Title: _____ Location: _____

Describe the reasonable accommodation(s) you believe is needed for the application process and/or an interview.

Please attach any supporting documentation you are comfortable sharing that may be helpful in evaluating and/or implementing this request for accommodation.

Candidate signature: _____

Please email your completed form to accomodations@priviahealth.com