Nassau County Sheriff's Department
100 Carman Avenue
East Meadow, NY 11554

VISITOR REQUESTING ACCOMMODATIONS

THIS SECTION TO BE COMPLETED BY VISITOR: Completed form is Confidential due to Personally Identifiable Information (PII) and Protected Health Information (PHI). PRINT LEGIBLY

Note: *You will be notified of the status of your request for accommodation within 48 hours of receipt from your physician*

Name	Date of Birth	Phone Number	Sex ☐ M ☐ F
Street Address	City	State	Zip code
Type of accommodation being requested (e.g. Medical detector waiver, oxygen tank, wheelchair):			
Name of Physician	Physician's phone number		

THIS SECTION TO BE COMPLETED BY LICENSED PHYSICIAN

NOTE TO PHYSICIAN: YOU WILL BE CONTACTED FOR VERIFICATION OF INFORMATION PROVIDED

Return this form via Email to: **NCSD_Visiting@nassaucountyny.gov**

Name	Phone Number		
Name of clinic or hospital			
Street Address	City	State	Zip
Medical condition requiring accommodation			
Physician Signature	Date signed		
Time limit of needed accommodation ☐ Permanent ☐ Temporary End of Temporary accommodation:			

THIS SECTION TO BE COMPLETED BY SHERIFF'S DEPARTMENT SECURITY DESIGNEE

☐ Denied for accommodation ☐ Approved for accommodation ☐ Approved to temporary accommodate until _____	
Security designee's comments	
Security Designee's signature	Date Signed