



Alabama Agricultural and Mechanical University Office of Human Resources

Mailing Address: Human Resources, Alabama A&M University, Normal, AL 35762
Phone: 256.372.5835 Fax: 256.372.5881

Americans with Disabilities Act (ADA) Accommodation Request Assessment Medical Certification of Physician or Practitioner Form

Completed form must be returned to the Office of Human Resources within 15 days of the date of this form.

Section I: For Completion by the Employee

Employee's (Patient) Name: _____ Date: _____

Job Title: _____

Regular Work Schedule: _____

*Please attach a copy of your official Alabama A&M University job description to this document before submitting to your physician.

Section II: For Completion by the Health Care Provider

Instructions to the Physician:

The above employee has requested a workplace accommodation, to enable the employee to perform the essential functions of his/her position, either because of a disability as either defined under the Americans with Disabilities Act (ADA), as amended, or state law. The following form must be completed in detail and signed by the employee's attending medical provider. Please attach additional pages or records as needed. Do not provide information not related to the employee's ability to perform his/her job duties. Example: Do not identify an impairment if it does not have an impact on employee's ability to perform his/her job duties.

Definition

An employee has a disability if he or she has a physical or mental impairment that substantially limits one or more major life activities, or has a record of such an impairment or being regarded as having an impairment.

The ADA Amendments Act of 2008 provides examples of "major life activities," including, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working, and the operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

Please do not send us medical records or genetic information: *The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you do not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's*

or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproduction services.

In order to assist with the interactive process of determining reasonable accommodation, we are requesting you to provide feedback to the following questions based on your medical expertise. Please answer the questions on this form to help determine disability and reasonable accommodation.

1. Please confirm you have examined the employee and are familiar with the employee's medical history.
Yes _____ No _____

2. Is the employee released to return to work full-time, full duty without the need for restrictions, limitations, or accommodations? Yes _____ No _____

If yes, please state the employee's full, unrestricted return to work date: _____

If no, please complete the remainder of this form.

3. When can the employee return to work with restrictions or an accommodation? [Additional questions regarding restrictions or accommodations below.] _____

4. Does the employee have a physical or mental impairment(s)? Yes _____ No _____

5. Please list impairment(s): _____

Note: A physical or mental impairment under the ADA is:

- Any physiological disorder, condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine; or
- Any mental or psychological disorder, such as an intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
- The disorder or condition is considered:
 - In its active state, even if presently in remission. (Examples: epilepsy, MS, asthma, cancer, bipolar disorder.)
 - Without regard to the effects of mitigating measures such as prostheses, medication, etc., except ordinary eyeglasses.
 - With consideration of the negative effects of treatment such as medication or other measures.

6. Limitations on major life activities. Does the employee's impairment substantially limit one or more major life activities? Yes _____ No _____

Note: Whether an impairment substantially limits the ability of an individual to perform a major life activity is determined:

- As compared to most people in the general population; and
- Does not need to prevent, or significantly or severely restrict, the individual from performing a major life activity – the impairment only needs to “substantially limit” the employee’s ability to perform the major life activity.

7. Which major life activity(s) is/are affected? Check all major life activities that both (a) are affected by the employee's impairment(s) and (b) restrict or limit the employee's ability to perform the employee's job duties.

Major life activities – general life activities:

<input type="checkbox"/> Bending	<input type="checkbox"/> Interacting with others	<input type="checkbox"/> Seeing	<input type="checkbox"/> Walking
<input type="checkbox"/> Breathing	<input type="checkbox"/> Learning	<input type="checkbox"/> Sitting	<input type="checkbox"/> Working
<input type="checkbox"/> Caring for self	<input type="checkbox"/> Lifting	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Other(s) (describe)
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Performing manual task	<input type="checkbox"/> Speaking	
<input type="checkbox"/> Eating	<input type="checkbox"/> Reaching	<input type="checkbox"/> Standing	
<input type="checkbox"/> Hearing	<input type="checkbox"/> Reading	<input type="checkbox"/> Thinking	

Major life activities – operation of major bodily functions:

<input type="checkbox"/> Bladder	<input type="checkbox"/> Digestive	<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Bowels	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Brain	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Sensory organs & skin
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Hemic	<input type="checkbox"/> Normal cell growth	<input type="checkbox"/> Other(s) (describe)
<input type="checkbox"/> Circulatory	<input type="checkbox"/> Immune	<input type="checkbox"/> Operation of an organ	

8. For the impairments identified above, when did the employee's impairment(s) commence? If there is more than one impairment, please specify the start date for each:

Impairment	Start date

9. Performance of essential job functions. Does the employee's impairment(s) limit his/her ability to perform the essential functions of the employee's position (as defined in the job description) without any accommodations?

Yes _____ No _____

If the answer is yes, please:

a. Identify which essential function(s) the employee is unable to perform without an accommodation:

b. Describe the manner in which the employee's ability to perform each essential function is limited:

10. a. What accommodation(s) will enable the employee to perform the essential job functions? Please describe: *You must provide your best medical judgment, based on current information, as to the length of time the employee will need an accommodation to perform his/her essential job functions.*

b. How will the accommodation(s) assist the employee in performing the essential job functions?

c. Duration. For how long do you anticipate the employee will need the identified accommodation(s) to perform the essential job functions?

_____ (circle one) days / weeks / months / years; or _____ permanent

11. Additional information. Are you aware of any other information that Alabama A&M University should consider in assessing whether the employee can perform the essential job functions with or without accommodation?

Yes _____ No _____ If yes, please describe: _____

Health Care Provider Name (Print): _____

Health Care Provider Signature: _____ Date _____

Type of Practice: _____ Telephone Number _____

Address: _____

Upon completion, please return this form to:
Ms. Cheryl K. Johnson -- (256) 372-5881 (Facsimile)