



ADA: Accommodation Medical Certification

Dear Physician,

A request for a reasonable accommodation has been made by our employee,

_____, who works as a _____.

In order to assist with the interactive process, we are requesting you to provide feedback to the following questions based on your medical expertise.

Background

An employee has a disability if he or she has an impairment that substantially limits one or more life activities or a record of such impairment. **“Substantially limits” under the ADAAA has been broadened to allow** someone with an impairment to be “regarded as” having a disability, even without the perception that the impairment limits a major life activity, provided that the impairment does not have an actual *or expected* duration less than or equal to six months.

The ADAAA provides examples of **“major life activities,”** including “caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of a major bodily function, such as functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.”

Please answer these questions to help determine disability and reasonable accommodation:

- 1.) Please review the attached job description. (If no job description is attached, please discuss the position with the employee to determine essential job duties). Is the employee able to perform the essential job functions of this position with or without reasonable accommodation? Yes / No

If yes, please continue to next question.

If *no*, how long will the employee be unable to perform these job duties?

_____ # of weeks _____ # of months _____ permanently

- 2.) Does the employee have a physical or mental impairment? Yes / No

If yes, what is the impairment?

- 3.) What limitation(s) is interfering with job performance, and how does it interfere with the employee’s ability to perform the job function(s)?



4.) What adjustments to the work environment or position responsibilities would enable the employee to perform the essential functions of that position?

5.) The employee's typical schedule is _____. What, if any, adjustments need to be made to the employee's work schedule to enable the employee to perform the essential functions of that position?

6.) How would your suggestions improve the employee's job performance?

7.) How long will the employee need the reasonable accommodation? If unable to provide date, when will he or she be medically reevaluated?

Any additional comments or suggestions:

Signature of physician completing form: _____ Date: _____

Printed Name and Address of Physician:
