

Medical Professional's Documentation of Disability

To the Employee

In order to review your request for accommodations in the workplace, information is needed from your treating medical professional. Please review your Employee Work Profile (job description) or faculty work plan (job description) and/or job responsibilities with your medical provider and have your provider complete this form. Return this form, along with your Accommodations Request Form, to ada@nvcc.edu. This information must be received to process your request.

All medical-related information shall be kept confidential and maintained separately from other personnel records. However, supervisors and managers may be advised of information necessary to make the determinations they are required to make in connection with

a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations.

Employee Name _____

Employee Signature _____ Date _____

To the Medical Professional

As part of the accommodation process, documentation that an employee has a qualifying disability is required. Please complete this form, or attach a separate page with answers to the following questions.

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 not provide any genetic information when responding to this request for medical information.

Name _____ Work Phone _____

Title/Specialty _____

Address _____

Signature _____ Date _____

1. Does the employee currently have a physical or mental condition?

yes no

If yes, what is the nature and severity of the condition?

2. Is the condition permanent?

yes no

If no, how long do you expect the impairment to last?

3. Does the condition substantially limit a major life activity?

yes no

If yes, what activity(ies)? *(Examples of major life activities include, but are not limited to: speaking, hearing, seeing, breathing, walking, standing, sitting, sleeping, reaching, learning, concentrating, thinking, caring for oneself, interacting with others and performing manual tasks.)*

5. Does the condition substantially limit a major bodily function?

yes no

If yes, what function? *(Examples of major bodily functions include, but are not limited to: circulatory, endocrine, reproduction, hemic, special sense organs and skin, lymphatic, immune, normal cell growth, digestive, neurological, brain, respiratory, bowel, bladder, genitourinary, musculoskeletal and cardiovascular.)*

6. Describe how this condition limits the employee's ability to perform the essential functions of the job.

Using the Employee Work Profile (job description) or Faculty Work Plan (job description), identify the essential functions affected and how the medical condition impairs the employee in each instance.

7. What accommodation(s), if any, do you believe will enable the employee to perform the essential job functions, and how long do you believe the accommodation will be necessary?

8. Please include any additional documentation to support the request for accommodation.