

Americans with Disabilities Act (ADA)

Medical Professional’s Documentation of Disability

As part of the accommodation process, documentation that an employee has a qualifying disability is required. The ADA defines a qualifying disability as one that fits into one of these categories:

* A physical or mental impairment that substantially limits one or more major life activities; or
* A record of impairment; or
* Regarded as having an impairment.

This form is designed to provide a method for compliance with this mandate for documentation and should be completed by the employee’s diagnosing professional.

**Section I – Employee Information**

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| Employee Name:        | Employee PeopleSoft #:        | Date:       |
| Supervisor Name:       | Work Phone:       |
| Department:       | Supervisor Work Phone:       |
| Medical Professional Name:       | Professional’s Title:       |
| Professional’s Work Phone:       | Professional’s license #:       |

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| Using the space below or by attaching a letter, please describe the diagnosis and how it fits into one of the categories above.       |
| Please suggest accommodations relating to the above diagnoses (if any).      |

**Section II – Medical Professional’s Evaluation**

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| [ ]  I certify that the employee has a physical, mental, emotional, impairment that limits one or more major life activity. The life function affected is:*(circle all that apply)*Caring for oneself, performing manual tasks, walking, seeing, hearing, sitting, speaking, breathing, learning, working, remembering, reasoning, other (please describe)*Indicate the limitations of the employee below:* |
| **Physical Activity Limitation(s)** |
| Sitting | [ ] Mild [ ]  Moderate [ ]  Severe | Repetitive use of Hands | [ ] Mild [ ]  Moderate [ ] Severe |
| Standing | [ ] Mild [ ]  Moderate [ ]  Severe | * Right only
* Left only
* Both
 | [ ] Mild [ ]  Moderate [ ] Severe |
| Walking | [ ] Mild [ ]  Moderate [ ] Severe | [ ] Mild [ ]  Moderate [ ] Severe |
| Bending Over | [ ] Mild [ ]  Moderate [ ] Severe | [ ] Mild [ ]  Moderate [ ] Severe |
| Climbing | [ ] Mild [ ]  Moderate [ ] Severe | Simple/Light Grasping | [ ] Mild [ ]  Moderate [ ] Severe |
| Reaching Overhead | [ ] Mild [ ]  Moderate [ ] Severe | * Right only
* Left only
* Both
 | [ ] Mild [ ]  Moderate [ ] Severe |
| Kneeling | [ ] Mild [ ]  Moderate [ ] Severe | [ ] Mild [ ]  Moderate [ ] Severe |
| Pushing and Pulling | [ ] Mild [ ]  Moderate [ ] Severe | [ ] Mild [ ]  Moderate [ ] Severe |
| Crouching/stooping | [ ] Mild [ ]  Moderate [ ] Severe | Firm/Strong Grasping | [ ] Mild [ ]  Moderate [ ] Severe |
| Lifting or Carrying | [ ] Mild [ ]  Moderate [ ] Severe | * Right only
* Left only
* Both
 | [ ] Mild [ ]  Moderate [ ] Severe |
| * 10 lbs or less
* 11-25 lbs
* 26-50 lbs
* 51-75 lbs
* 76-100 lbs
* Over 100 lbs
 | [ ] Mild [ ]  Moderate [ ] Severe | [ ] Mild [ ]  Moderate [ ] Severe |
| [ ] Mild [ ]  Moderate [ ] Severe | [ ] Mild [ ]  Moderate [ ] Severe |
| [ ] Mild [ ]  Moderate [ ] Severe | Fine motor, right hand | [ ] Mild [ ]  Moderate [ ] Severe |
| [ ] Mild [ ]  Moderate [ ] Severe | Fine motor, left hand | [ ] Mild [ ]  Moderate [ ] Severe |
| [ ] Mild [ ]  Moderate [ ] Severe |  |
| [ ] Mild [ ]  Moderate [ ] Severe |

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| **Level of Mental, Emotional and Sensory Limitation(s)** |
| Pace of Work | [ ] Fast [ ]  Average [ ]  Below  | Reasoning | [ ] Mild [ ]  Moderate [ ] Severe |
| Manage Multiple Priorities | [ ] Mild [ ]  Moderate [ ]  Severe | Hearing | [ ] Mild [ ]  Moderate [ ] Severe |
| Intense Customer Interactions | [ ] Mild [ ]  Moderate [ ] Severe | Reading | [ ] Mild [ ]  Moderate [ ] Severe |
| Multiple Stimuli | [ ] Mild [ ]  Moderate [ ] Severe | Analyzing | [ ] Mild [ ]  Moderate [ ] Severe |
| Frequent Change | [ ] Mild [ ]  Moderate [ ] Severe | Verbal Communication | [ ] Mild [ ]  Moderate [ ] Severe |
| Short-term Memory | [ ] Mild [ ]  Moderate [ ] Severe | Written Communication | [ ] Mild [ ]  Moderate [ ] Severe |
| Long-term Memory | [ ] Mild [ ]  Moderate [ ] Severe | Vision | [ ] Mild [ ]  Moderate [ ] Severe |
| Attention Span | [ ] Mild [ ]  Moderate [ ] Severe |  |

**Section III - Medical Professional’s Comments**

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| The above limitations are permanent. [ ] Yes [ ]  No Comment:       |
| Medical Professional’s signature:  |
| Print Professional’s Name:       | Date:  |

**Please include additional documentation to support the request for accommodation as well as a cover letter on professional stationary. Return completed form to the Human Resources Office or fax to 540/568-7916.**