

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**

|  |  |  |
| --- | --- | --- |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |
| --- | --- |
| 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.**