



**MEDICAL CERTIFICATION REQUEST AND
REASONABLE ACCOMMODATION FORM**
Gallaudet Employees

Pursuant to the Americans with Disabilities Act as amended (“ADA”), Gallaudet University is committed to ensuring its qualified employees with a disability receive the reasonable accommodations they may need to perform the essential functions of their job at Gallaudet.

SECTION I: For the EMPLOYEE

Please fill out this section and give this form and a copy of your job description to your healthcare professional. A copy of your job description may be requested by contacting Human Resource Services or Equal Opportunity Programs at hr@gallaudet.edu or eop@gallaudet.edu.

Name: _____
GU ID: _____
Job Title: _____
Regular Work Schedule: _____

SECTION II: For the HEALTHCARE PROVIDER

Provider name: _____
Type of practice or medical specialty: _____
Business name: _____
Business address: _____
Phone: _____
E-mail: _____
Fax: _____

Our employee, _____ (“Employee”), has requested reasonable accommodations. The responses you provide to our questions will help to facilitate the interactive process by helping us to understand our employee’s disability and determining the reasonable accommodations our employee needs to perform the essential functions of their job.

An employee has a disability if the impairment substantially limits one or more major life activities or if the employee has a record of such an impairment. The ADA defines “substantially limits” to include individuals with an impairment to be “regarded as” having a disability, even without the perception that the impairment limits a major life activity; provided, however, that the impairment does not have an actual or expected duration of less than or equal to six months.

Examples of major life activities under the ADA includes 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.

Examples of major bodily functions include functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

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. "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 reproductive services.

1. Does Employee have a physical or mental impairment? Yes No

2. Please describe Employee's medical condition.

3. When did the medical condition begin? _____

4. How long is it expected to last? _____

5. Please describe the major life activity, including any major bodily functions, that are substantially limited by the medical condition or its accompanying treatment.

Please review Employee's job description. If no job description was provided, please discuss the job position with the Employee to determine the essential job duties and its typical schedule.

6. Is Employee able to perform the essential functions of this position over a typical schedule? (please select one)

Employee is unable to perform the essential job functions with or without reasonable accommodations. Please answer Question 7.

Employee is able to perform the essential job functions with reasonable accommodations. Please answer Question 8.

Employee is able to perform the essential job functions without accommodations. Please use the space in Question 9 to explain.

7. If Employee is unable to perform the essential job functions with or without reasonable accommodations, how long will Employee remain unable?

Duration: _____ weeks / months _____ permanently _____ not applicable

SECTION II (con't): For the HEALTHCARE PROVIDER

8. If Employee is able to perform the essential job functions with reasonable accommodations, what adjustments to the work environment or position responsibilities would enable Employee to perform these essential job functions?

Duration: _____ weeks / months _____ permanently _____ not applicable

9. Comments:

Signature of Healthcare Provider

Date signed

Upon completion of this form, please return a copy to Gallaudet University by e-mail at eop@gallaudet.edu or by fax at 202.651-5951.

For any questions about this form, please contact: eop@gallaudet.edu.