

**PIMA COMMUNITY COLLEGE
ADA ACCOMMODATIONS
REQUEST FOR MEDICAL CERTIFICATION**

INSTRUCTIONS FOR COMPLETING THE MEDICAL CERTIFICATION FORM:

Under the Americans with Disabilities Act (ADA), a qualified employee with a disability may request reasonable accommodations by engaging the interactive process with their employer.

During the interactive process, if appropriate, an employer may request medical documentation in support of an employee's disability, any restrictions, or barriers the employee may experience as a result of the disability, and any suggestions for potentially effective accommodations. This documentation must be provided by the employee. To provide this documentation, an employee may either: (1) ask their healthcare provider to provide a signed not with the aforementioned information or (2) submit this form to their healthcare provider to be completed and returned to their employer.

For questions or concerns about this form or the interactive process, please contact the Employee Service Center at 520-206-4945 or ADA-ESC@pima.edu.

The following Pima Community College employee has requested accommodation(s) under the Americans with Disabilities Act (ADA):

Employee's Name: _____

To be completed by the Healthcare Provider:

Provider's Name: _____

Specialization/Type of Practice: _____

Email Address: _____

Phone #: _____ **Fax #:** _____

In order to assist with the interactive process, we are requesting your responses to the following questions based on your medical expertise and treatment of the aforementioned employee.

A. Questions to help determine whether an employee has a disability.

Under the ADA, an employee has a disability if they have a physical or mental impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment?

Yes

No

If yes, what is the impairment or the nature of the impairment?

Answer the following question based on what limitations the employee has when their condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity (including major bodily functions) as compared to most people in the general population?

Yes

No

Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity.

OR

Describe the employee's limitations when the impairment is active.

If yes, what major life activity(s) (includes major bodily functions) is/are affected?

- | | | | | |
|--|--|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Hearing | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Reading | <input type="checkbox"/> Standing | |
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Learning | <input type="checkbox"/> Seeing | <input type="checkbox"/> Thinking | |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Lifting | <input type="checkbox"/> Sitting | <input type="checkbox"/> Walking | |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | |

Major bodily functions:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Digestive | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Endocrine | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Neurological | <input type="checkbox"/> Special Sense Organs & Skin |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hemic | <input type="checkbox"/> Normal Cell Growth | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Circulatory | <input type="checkbox"/> Immune | <input type="checkbox"/> Operation of an Organ | |

B. Questions to help determine whether an accommodation is needed.

What limitation(s) is interfering with the employee's job performance or accessing a benefit of employment?

What job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access a benefit of employment?

C. Questions to help determine effective accommodation options.

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance?

If so, what are they?

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

D. Other questions or comments.

Healthcare Provider's Signature: _____ **Date:** _____

Please submit the completed form to:

Pima Community College
Employee Service Center, Attn: Benefits
Email: ADA-ESC@pima.edu **Fax:** (520) 206-4969
Mail: 4905 East Broadway, Tucson AZ 85709-1135

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.