Western Illinois University

TREATMENT PROVIDER
ADA MEDICAL CERTIFICATION FORM

Part A. An employee within our organization is requesting reasonable accommodation. Please review the attached description of the employee's job duties and the related physical and mental functions required to perform these duties. The information you provide will be used to determine if accommodations can be provided. Thank you.	
Employee Name:	Date of Request:

Does the employee have a physical or mental disability?	Yes ☐	No ☐
If *yes*, what is the impairment or the nature of the disability?		

Part B. Answer the following question based on what limitations the employee has when the 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 as compared to most people in the general population?	Yes ☐	No ☐
OR Describe how the disability impacts a major life activity when it is active. .	Note: 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 for which the individual can perform the major life activity.	

What major life activity(s) and/or major bodily function(s) is/are affected? **Check all that apply**.

☐ Bending	☐ Hearing	☐ Reaching	☐ Speaking
☐ Breathing	☐ Interacting with Others	☐ Reading	☐ Standing
☐ Caring for Self	☐ Learning	☐ Seeing	☐ Thinking
☐ Concentrating	☐ Lifting	☐ Sitting	☐ Walking
☐ Eating	☐ Performing Manual Tasks	☐ Sleeping	☐ Working (Describe)
☐ Other (Describe):			
☐			

Major bodily functions:

- ☐ Bladder
- ☐ Bowel
- ☐ Brain
- ☐ Cardiovascular
- ☐ Circulatory
- ☐ Other (Describe):
- ☐ Digestive
- ☐ Endocrine
- ☐ Genitourinary
- ☐ Hemic
- ☐ Immune
- ☐ Lymphatic
- ☐ Musculoskeletal
- ☐ Neurological
- ☐ Normal Cell Growth
- ☐ Operation of an Organ
- ☐ Reproductive
- ☐ Respiratory
- ☐ Special Sense Organs & Skin

Part C. An employee with a disability is entitled to an accommodation only when it is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is interfering with the employee's completion of job duties 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?

Part D. If an employee has a disability and needs an accommodation(s) 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? Please elaborate.

How will the suggested accommodation(s) impact the employee's ability to complete essential job duties?

Please use this space to document any additional comments?

Name and Title of Treating Physician	Phone Number and Email:

Treating Physician's Signature (Above)	Date

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.

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