



Office of Human Resources
Americans with Disabilities Act (ADA)
Medical Certification Request Form

To Elon University Faculty and Staff:

- The Medical Information Request form is to be completed by the employee's physician or health care provider.
- Employees are to complete Section I below, provide details about the essential functions of their job to their medical provider and have the medical provider complete Section II.
- Completed forms are to be uploaded via [Human Resources secure portal](#). For questions, please call (336) 278-5560.

Section I: To be completed by faculty or staff:

_____	_____	_____
Name	Job Title	College or School
_____	_____	
Department	Dean or Supervisor	

Release of Information

I hereby authorize the release of the following information to Elon University for the purpose of determining the availability of reasonable workplace accommodations. I further authorize Elon University to seek clarification of this documentation, if necessary, by contacting my physician or health care provider.

_____	_____
Signature	Date

Section II: To be completed by the physician or health care provider: To Physician or Health Care Provider:

To initiate a request for reasonable accommodations, employees must provide current documentation of a disability. As the employee's physician or healthcare provider, you are asked to fully complete all sections of this form. Additional information can be attached if necessary. Note: Federal and state law define a disability as a physical or mental impairment that substantially limits one or more major life activities, an individual having a record of such an impairment, or an individual being regarded as having such an impairment.

To complete this form (see attached, page 2, section 2), you should consider the employee's job functions and other information relevant to the employee's job at Elon University. If this information has not been provided, please contact the employee and let them know you cannot complete this form without that information.

**ELON UNIVERSITY
ADA ACCOMMODATIONS
REQUEST FOR MEDICAL CERTIFICATION**

Section II:

The following Elon University employee has requested accommodation(s) under the Americans with Disabilities Act (ADA):

Employee's Name: _____

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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
<p>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 for which the individual can perform the major life activity.</p>	<p>OR</p> <p>Describe the employee's limitations when the impairment is active.</p>	
If yes, what major life activity(s) (includes major bodily functions) is/are affected?		
<input type="checkbox"/> Bending <input type="checkbox"/> Breathing <input type="checkbox"/> Caring For Self <input type="checkbox"/> Concentrating <input type="checkbox"/> Eating	<input type="checkbox"/> Hearing <input type="checkbox"/> Interacting With Others <input type="checkbox"/> Learning <input type="checkbox"/> Lifting <input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Reaching <input type="checkbox"/> Reading <input type="checkbox"/> Seeing <input type="checkbox"/> Sitting <input type="checkbox"/> Sleeping <input type="checkbox"/> Speaking <input type="checkbox"/> Standing <input type="checkbox"/> Thinking <input type="checkbox"/> Walking <input type="checkbox"/> Working
<input type="checkbox"/> Other: (describe)		

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 | |

Other:

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

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

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?

D. Other questions or comments.

How would your suggestions improve the employee's job performance

Medical Professional's Signature:

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.