WILLIAM & MARY
CHARTERED 1693

Human Resources Office
Mailing Address: P.O. Box 8795, Williamsburg, VA 23187-8795
Street Address for filing reports: Bell Hall, 109 Cary Street, Williamsburg, VA 23185
(757) 221-3153 voice ✦ (757) 221-1739 fax

ADA REQUEST FOR REASONABLE ACCOMMODATIONS HEALTHCARE PROVIDER FORM

The employee indicated below recently requested a workplace accommodation under the provisions of the Americans with Disabilities Act (ADA). An employee with a disability is entitled to an accommodation, unless the accommodation poses an undue hardship, but must provide current documentation of his/her disabilities. This form will help determine 1) if the employee has a disability, 2) whether an accommodation is needed, and 3) the most effective accommodation.

The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment. As the diagnosing professional, please complete all sections of this form (**please print**). Additional reports of information may be attached. Thank you for your assistance.

Part A. Employee Identification Information

Name	
Home Address	Phone #
Job Classification/Title	
Department	Division

Diagnosis

Does the employee have a physical or mental impairment? ☐ Yes ☐ No

Primary Diagnosis: _____

_____

_____

Date of Diagnosis:__/__/____ Date of last visit: __/__/____

If the patient has an impairment, please describe the nature of the impairment: _____

_____

_____

Is the condition persistent and long term: Yes / No

If temporary, what is the expected duration? _____

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Substantial Function Limitation

Which of the following major life activities and body functions are substantially limited by the impairment (check all that apply):

MAJOR LIFE ACTIVITIES

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

MAJOR BODY FUNCTIONS

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

How does the condition affect the employee's ability to perform essential functions of his/her job or access a benefit of employment? (a job description is attached, which lists/describes the essential functions)_____

_____

_____

Based on the employee's limitation (s), what job function or benefits of employment is the employee having trouble performing or accessing? _____

_____

Reasonable Accommodations

What accommodations do you recommend? _____

_____

_____

_____

_____

If the requested accommodation is time taken off from work, how much is recommended? _____

_____

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Are there any activities or situations that should be avoided or that would present a significant risk, serious injury, or death for the employee? _____

_____

_____

_____

Other Comments

_____

_____

Qualifications of Certifying Provider

Name:_____Degree:_____

Practice Address (or business card): _____

_____

Phone:_____Fax:_____Email: _____

_____ _____

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. (EEOC).

Please return this form to Human Resources Office by mail or fax:
William & Mary
Human Resources Office
Attention: Debbie Howe
P.O. Box 8795
Williamsburg, VA 23187
(757) 221-3153
(757) 221-1739 (fax)