## ADA Workplace Accommodation Request - MEDICAL PROVIDER FORM



(Please complete this form FULLY and attach copies of all medical documentation considered to complete this form.)

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

Employee Name:

NOTE: The information sought on this form pertains only to the condition for which the employee is requesting accommodation under the ADA. With few exceptions, the employee has the right to request and review information about them collected using this form. The information we are seeking relates only to any condition you may have that affects your ability to perform your essential job 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 ask that you and your medical provider not provide any genetic information when responding to this request for medical information.

"Applicants extended an offer of employment, employees, program participants and students who request an accommodation

sub: effe posi	responsible for obtaining a medical statement that contains a diagnosis, prognosis and the major life function that is stantially limited, unless the disability is visible and/or obvious. This medical statement should include an evaluation as to the ext that the disability has on the prospective employee's or employee's ability to perform the duties associated with the dition or the participant's or student's ability to complete the educational program."System Regulation 08.01.02, Civil Rights tections for Individuals with Disabilities, Section 8						
limi sucl	ADA defines an <b>individual with a disability</b> (IWD) as a person who: (1) has a physical or mental impairment that substantially its one or more major life activities of such individual; (2) has a record of such impairment; or (3) is being regarded as having an impairment. Also see <i>Definitions</i> under <i>System Regulation 08.01.02, Civil Rights Protections for Individuals with abilities</i> .						
The	following questions may help determine whether the employee has a disability.						
1.	Does the employee have a physical or mental impairment? Yes $\Box$ No $\Box$ If yes, what is the impairment?						
2.	Is the impairment long-term or permanent? Yes $\square$ No $\square$ If $not$ permanent, how long will the impairment likely last?						
3.	Is the impairment in remission? Yes $\square$ No $\square$ If yes, since when?						
4.	Is the impairment episodic? Yes \( \square\) No \( \square\) If yes, how often do the symptoms generally become active?						
5.	Are there conditions which would prompt the symptoms to become active?						
6.	What are the symptoms when they become active?						
7.	What treatment is required when the symptoms become active?						

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

8.	Does the impairment substantially limit a major life activity? Yes $\Box$ No $\Box$ If yes, what major life activity(ies) is/are affected?							
	☐ Caring for Self	□ Walking	☐ Hearing	☐ Lifting	☐ Breathing			
	☐ Standing	☐ Seeing	☐ Sleeping	☐ Concentrating	☐ Working			
	☐ Performing Manual Tasks	☐ Speaking	☐ Thinking	☐ Learning	☐ Bending			
	☐ Reading	$\square$ Communicating	☐ Other (descri	ibe)				
9.	Does the impairment substantially limit the operation of a major bodily function? Yes $\Box$ No $\Box$ If $yes$ , what bodily function(s) is/are affected?							
	☐ Immune	☐ Cardiovascular	☐ Circulatory	☐ Endocrine	□ Normal Cell	Growth		
	☐ Digestive	☐ Lymphatic	☐ Reproductive	☐ Bowel	☐ Neurologica	ıl		
	☐ Musculoskeletal	□ Bladder	☐ Brain	☐ Special Sense	☐ Genitourina	ıry		
	☐ Respiratory	☐ Cardiovascular	☐ Other (describe)					
of t trai <i>Indi</i>	halified Individual" means " a partial he employment position that shing program without a fundary viduals with Disabilities, Definition (s) is interferent	such individual holds on the mental alteration of the tions	or desires, or who can an arrow or an arrow or a	an complete the requi	rements of an ed	ucational or		
10.	What limitation(s) is interfe	ering or may interier	e with job perform	lancer				
11.	What essential function(s) of the job is the employee or prospective employee having difficulty performing or may have difficulty performing because of the limitation(s)?							
12.	. How does the employee's limitation(s) interfere with his/her ability to perform the essential function(s) of the job, if they do?							

В.

## 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.

"Undue Hardship" means "an action requiring significant difficulty or expense when considered in light of the following factors: (a) the nature and cost of the accommodation needed; (b) the overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation; the number of persons employed at such facility, the effect on expenses and resources; or the impact otherwise of such accommodation upon the operation of the facility; (c) the overall financial resources of the covered entity; the overall size of the business of a covered entity with respect to the number of its employees; the number, type, and location of its facilities; (d) the type of operation or operations of the covered entity, including the composition, structure and functions of the workforce of such entity; the geographic separateness, administrative or fiscal relationship of the facility or facilities in question to the covered entity; (e) the disruption to the employment or educational environment; and (f) the fundamental alteration of the nature or operation of the work or educational program." --System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities, Definitions

"Reasonable Accommodation" means "the removal of barriers (physical or non-physical) to enable individuals with disabilities to enjoy the same or similar opportunities, benefits, and privileges as individuals without disabilities, that do not impose undue hardship on the member." --System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities, Definitions

The following questions may help determine an effective accommodation.

Cianatu	are of Medical Provider			Date					
Printed Name of Medical Provider		Street Address	City, State	Zip Code	Phone Number				
Additi	ional Comments:								
14.	. How would your suggestions allow the employee to meet job requirements?								
13.	Do you have any suggestions regarding possible accommodations to meet job requirements? If so, what are the								

\*\*\*ALL INFORMATION PROVIDED IS CONFIDENTIAL AND WILL BE RETAINED IN THE EMPLOYEE'S LEAVE/MEDICAL FILE\*\*\*

**RETURN COMPLETED AND SIGNED FORM TO:** 

Texas A&M University-Texarkana
Human Resources
7101 University Avenue
Texarkana TX 75503
(903) 223-3012

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