



Madison College

Employee Accommodation Medical Form

SECTION I: For Completion by the EMPLOYEE			
Name:	_____		
	First	MI	Last
Job Title:	_____		

<p>Instructions to the Physician</p> <p>A request for a reasonable accommodation has been made by the above-named employee. Please provide feedback to the following questions based on your medical expertise to help determine disability and reasonable accommodation.</p> <p>Background</p> <p>An employee has a disability if he/she has an impairment that substantially limits one or more major life activities, or has a record of such an impairment. "Substantially limits" under the Americans with Disabilities Act (ADA) has been broadened to allow someone with an impairment to be regarded as having a disability, even without the perception that the impairment limits a major life activity, provided that the impairment does not have an actual or expected duration less than or equal to six months.</p> <p>The ADA provides examples of "major life activities," including:</p> <ul style="list-style-type: none"> • Caring for oneself • Hearing • Walking • Bending • Learning • Thinking • Operation of a major bodily function, such as: <ul style="list-style-type: none"> ○ Functions of the immune system ○ Digestive ○ Bladder ○ Brain ○ Respiratory ○ Endocrine 	<ul style="list-style-type: none"> Performing manual tasks Eating Standing Speaking Reading Communicating 	<ul style="list-style-type: none"> Seeing Sleeping Lifting Breathing Concentrating Working
<ul style="list-style-type: none"> Normal cell growth Bowel Neurological Respiratory Circulatory Reproductive functions 		

SECTION II: For Completion by the HEALTH CARE PROVIDER	
Provider Name (please print):	_____
Type of Practice / Medical Specialty:	_____
Business Address:	_____
Phone:	_____
Fax:	_____
(continued next page)	



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SECTION II (cont.): For Completion by the HEALTH CARE PROVIDER

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

2. Describe the employee's medical condition. -

3. When did the medical condition begin?

4. How long is the medical condition expected to last?

5. Describe the major life activities (e.g., breathing, eating, sleeping, walking, talking, manual tasks, etc.) that are substantially limited by the medical condition or accompanying treatment.

6a. Discuss the employee's job with the employee to determine essential job duties and typical schedule. Is the employee able to perform the essential functions of this position in a typical schedule with, or without, reasonable accommodation?

Yes, with reasonable accommodation Yes, without reasonable accommodation
 No, they are unable to perform their essential job functions with or without accommodation.

6b. If No, how long will the employee remain unable to perform these job functions?

_____ # of weeks _____ # of months permanently.

6c. If Yes, what adjustments to the work environment or position responsibilities would enable the employee to perform these job functions?

6d. If Yes, how long will the employee need the reasonable accommodation to perform these job functions?

_____ # of weeks _____ # of months permanently

7. Additional Comments:

Health Care Provider Signature: _____ Date: ____/____/____

Accommodation: Approved Denied Modified

ADA/504 Coordinator Signature