

Campus Disability Resource Center

Employee ADA Medical Certification Form

Cal Poly Humboldt has received notice from our employee indicating that they have a condition or disability that requires an accommodation in the workplace. To process this request, additional information is needed from you as their identified treatment provider. The employee may provide you with their job description or a summary of the essential functions of their position. As their identified provider, your assistance and input as well as information you may provide is necessary for the employee to move forward in the accommodation process.

All medical information shall be kept confidential and maintained separately from the employee's other personnel records. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations.

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.

The following form has five questions, each of which must be answered. Answering "NO" to questions #2 and #3 may remove the employee from the accommodation process in that the Americans with Disabilities Act (1990) and its subsequent ADA Amendments Act (2008) define disability as impacting either a major life activity or major bodily function or both.

If you have any questions or concerns, contact:

Crystal C. Coombes
Interim ADA/504 Coordinator
Cal Poly Humboldt
Campus Disability Resource Center
Lower Library, Suite 5
Arcata, CA 95521
Phone: (707) 826-4678
Email: ada@humboldt.edu

Employee Information

* Indicates required field

Name: *

Position: *

Disability or Condition Information

1. Describe the (a) nature, (b) severity, and (c) duration of the employee's disability or condition. *

2. Does the disability or condition substantially limit a major life activity? * Yes No

If yes, please check the major life activity or activities that apply:

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

Other (please describe):

3. Does the disability or condition substantially limit a major bodily function? * Yes No

If yes, check the major bodily function or functions that apply:

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

4. Using the employee’s job description or summary of their essential work functions, or in consultation with the employee, identify recommendations for reasonable accommodations that may be considered by the university in its assessment of the employee’s accommodation request.

5. Are there any equally effective alternatives that may be feasible (not listed in #4 above)?

Section 4: Licensed Practitioner Information

Name:

License Number:

Type of License:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Provider Signature:

Date:

**** This form will not be accepted without signature from practitioner ****