



Always Innovating

# South Texas ISD

RIO GRANDE VALLEY | GRADES 6-12

## 504/ ADA Medical Certification

Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Job Title: \_\_\_\_\_

Was this an On-the-Job Injury?  Yes  No

If yes, Date of Injury: \_\_\_\_\_

Date disability began: \_\_\_\_\_

*Note: Employee should provide the medical professional with a copy of his/her job description.*

This form must be filled out and signed by the primary health care physician, and not the employee

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

What is the diagnosis? \_\_\_\_\_

Impairment? \_\_\_\_\_

Is the impairment long-term?  Yes  No

Is the impairment permanent?  Yes  No

If not permanent, how long will the impairment likely last? \_\_\_\_\_

Does the impairment affect major life activity?  Yes  No

If yes, what major life activity (s) is/are affected?

- Caring For Self
- Walking
- Hearing
- Working
- Interacting With Others
- Standing
- Seeing
- Sleeping
- Performing Manual Tasks
- Reaching
- Speaking
- Concentrating
- Breathing
- Bending
- Learning
- Reproduction
- Toileting
- Sitting

Lifting (*indicate maximum safe limit in pounds & frequency*)

Pounds \_\_\_\_\_ Frequency \_\_\_\_\_

Other: (*describe*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What limitation (s) is interfering with job performance?

What job function (s) is the employee having trouble performing because of the limitation (s)?

How does the employee's limitation (s) interfere with his/her ability to perform the job function (s)?

Do you have any suggestions regarding possible accommodations to improve job performance?

If so, what are they?

How would your suggestions improve the employee's job performance?

Comments:

*(Feel free to attach a medical narrative.)*

Medical Professional's Signature

Date

( )

Medical Professional's Name *(please print)*

Telephone Number

Address

"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."

*The District prohibits discrimination, including harassment, against any employee on the basis of race, color, religion, gender, national origin, age, disability, or any other basis prohibited by law.*