

**FRANKLIN PIERCE SCHOOL DISTRICT  
ADA ACCOMMODATIONS  
REQUEST FOR MEDICAL CERTIFICATION**

The following Franklin Pierce School District employee has requested accommodation(s) under the Americans with Disabilities Act (ADA):

**Section 1: To be completed by employee:**

Employee Name:	Job Title:
Department:	Supervisor:

***Release of Information***

I hereby authorize the release of the following information to Franklin Pierce for the purpose of determining the availability of reasonable workplace accommodations. I further authorize Franklin Pierce SD to seek clarification of this documentation if necessary, by contacting my physician or care provider.

\_\_\_\_\_

*Employee signature*

\_\_\_\_\_

*Date*

**To Physician or Care Provider:**

To assist with the interactive process, we are requesting your responses to the following questions based on your medical expertise and treatment of the employee.

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

Under the ADA, an employee has a disability if they have a physical or mental impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment?

**Yes**

**No**

If yes, what is the impairment or the nature of the impairment?

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

Does the impairment substantially limit a major life activity as compared to most people in the general population?

Yes

*Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.*

No

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

Bending	Hearing	Reaching	Speaking	Other: (describe)
Breathing	Interacting w/others	Reading	Standing	
Caring for Self	Learning	Seeing	Thinking	
Concentrating	Lifting	Sitting	Walking	
Eating	Performing Manual Tasks	Sleeping	Working	

Major bodily functions:

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

**B. Questions to help determine whether an accommodation is needed.**

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability.

What limitation(s) is interfering with job performance or accessing a benefit of employment?

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

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access a benefit of employment?

**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. The following questions may help determine effective accommodations.

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

If so, what are they?

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

**D. Additional Information. Are you aware of any other information that should be considered in assessing whether the employee can perform the essential job functions with or without accommodation?**

**Provider Name (print):**

**Provider Signature:**

**Provider Practice/Specialty:**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities 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.

**Return Packet Directly to:**

**Rhonda Grissom**

**Leave Coordinator**

**315 129<sup>th</sup> St S**

**Tacoma, WA 98444**

**FAX # 253-298-3016**