504/ ADA Medical Certification

South Texas ISD * 7001 E. Expressway 83, * Mercedes, TX 78570 * 956-514-4263

Employee: ______________________________ Department: __________________________________

Employee ID: ____________________________ Job Title: ____________________________________

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

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

What is the diagnosis? ____

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

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	☐ Reaching	☐ Learning	☐ Reproduction
☐ Toileting	☐ Sitting		

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

Pounds ____________ Frequency ____________

☐ Other: (*describe*)

____

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____

____

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:

____

____

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(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.