DSS Office
OFFICE OF DISABILITY SUPPORT SERVICES

240 Academy Street
Alison Hall, Suite 130
Newark, DE 19716
Phone: 302-831-4643
Fax: 302-831-3261
TDD: 302-831-4563
Email: dssoffice@udel.edu

Employee Accommodation Medical Certification Form

Section 1: Completion by Employee

First Name _____ MI _____ Last Name _____

Employee ID _____ Job Title _____

Department _____ Start Date _____

Direct Supervisor _____ HR Representative _____

Section 2: Completion by the Health Care Provider

A request for a reasonable accommodation under the ADA has been made by our employee. In order to assist with the interactive process, we a requesting you provide feedback to the following questions based on your medical expertise. Please follow the GINA guidelines below.

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..

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

2) Describe employee's medical condition/impairment:

3) When did the medical condition begin, and how long is it expected to last?

UNIVERSITY OF DELAWARE | DSS Office
OFFICE OF DISABILITY SUPPORT SERVICES

240 Academy Street
Alison Hall, Suite 130
Newark, DE 19716
Phone: 302-831-4643
Fax: 302-831-3261
TDD: 302-831-4563
Email: dssoffice@udel.edu

4) What are the limitations/restrictions on the employee's activities as a result of the condition and/or treatment of the condition?

5) Does the impairment substantially limit a major life activity? If yes, which major bodily functions are affected?

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

Major Bodily Functions:

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

6) Are the functional limitations permanent? If not, what is the expected timeline for resolution?

Provider Name (Please print or type) _____

Signature of Professional _____ Date _____

License No. _____ State _____ Phone _____

Address – Street _____

City _____ State _____ Zip _____

Email Address _____