FREDONIA
STATE UNIVERSITY OF NEW YORK

MEDICAL CERTIFICATION FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

Dear Physician,

A request for an employment-related reasonable accommodation has been made by our employee _____ (employee's full name). To assist us with this process, please complete the following questions below.

Please return form by fax (if possible) or mail as soon as possible, as we cannot evaluate this require without this certification from you.

Return form to:

State University of New York at Fredonia
Attn: Human Resources
511 Maytum Hall
Fredonia, NY 14063
Fax: 716-673-3210

A. Questions to help determine whether an employee has a disability.		
For reasonable accommodation under the ADA, an employee has a disability if they have an 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? How long have you been treating the patient for this condition? Please include date of onset or injury. Is patient currently receiving any treatment for this condition?		

Answer the following question 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? *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.*	Yes ☐	No ☐

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

☐ Bending	☐ Hearing	☐ Reaching	☐ Speaking	☐ Other: (describe)
☐ Breathing	☐ Interacting With 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 Sense Organs & Skin
☐ Cardiovascular	☐ Hemic	☐ Normal Cell Growth	
☐ Circulatory	☐ Immune	☐ Operation of an Organ	☐ Other: (describe)

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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:

After reviewing the employee's job description (enclosed):

Is the employee able to perform the specified job functions of this position with or without reasonable accommodation? ___ Yes ___No

If *no*, how long will the employee be unable to perform these job duties?
_____ # of days _____ # of weeks _____# of months _____ permanently ___ unknown

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

What job function(s) or benefits of 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:

After reviewing the employee's job description, 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?

_____

What is the date through which the employee will need this accommodation? _____

If unable to provide date, when will they be medically reevaluated? _____

D. If accommodation request is related to COVID-19:

Has this individual been (circle one) **partially / fully** vaccinated for Covid-19? **Yes / No**

If no, is there a medical reason the individual cannot receive <u>any</u> of the available Covid-19 vaccines? (circle one) Yes / No
If yes, please explain.

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E. Other questions or comments.

_____
Print Name (of person completing the form)

Medical Professional's Signature Date

Name of Medical practice: _____

Contact name/number at your office for questions:
_____

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.