Mobile County
PUBLIC SCHOOLS

Letter Requesting Documentation for Determining ADA Eligibility from a Medical Provider

Genetic Information Nondiscrimination Act of 2008 Disclosure: **This authorization does not cover, and the information to be disclosed should not contain, genetic information. "Genetic Information" includes: Information about an individual's genetic tests; information about genetic tests of an individual's family members; information about the manifestation of a disease or disorder in an individual's family members (family medical history); an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.**

Date: _____

To: _____

Medical Provider Name *Medical Provider Address*

RE: _____

Employee Name *Date of Birth*

The above employee has requested a reasonable accommodation under the Americans with Disabilities Act ("ADA"), as amended, to enable the employee to perform the essential functions of his/her position. The information requested on this form will assist us in making a determination regarding the employee's request. An Authorization for Release of Medical Information is attached to this document.

INSTRUCTIONS: Please complete the following form and have it signed by the employee's attending health care provider. Attach additional pages as needed. Do not provide information not related to the employee's ability to perform his/her job duties. For example, do not identify the impairment if it does not have an impact on the employee's ability to do his/her job. **Please do not send copies of medical records.** We are not authorized to have medical records and are not qualified to interpret them.

TO BE COMPLETED BY EMPLOYEE

I,_____, authorize my physician
(Employee name – please print)

_____ or any of the employees or
agents (Physician's name)

of_____
(Name of practice)

to provide medical information and answer questions regarding my condition to the MCPSS, in order to determine my eligibility for a reasonable accommodation.

_____ _____ _____
Employee's Signature Date Employee ID

TO BE COMPLETED BY MEDICAL PROFESSIONAL

Questions to help determine whether the employee has a disability.

Existence of impairment: For reasonable accommodation under the ADA, the employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such impairment.

1. Please confirm you have examined the employee and are familiar with the employee's medical history. ☐ Yes ☐ No
2. Is the employee released to return to work full time, full duty without the need for restrictions, limitations, or accommodations? ☐ Yes ☐ No

   If yes, please state the employee's full, unrestricted return to work date:

   _____

IF NO, PLEASE COMPLETE THE REMAINDER OF THIS FORM.

3. When can the employee return to work with restrictions or an accommodation? [Additional questions regarding restrictions or accommodations below.]

   _____

4. Does the employee have a physical or mental impairment? ☐ Yes ☐ No
   a. If yes, is the impairment open and obvious? ☐ Yes ☐ No

Note: A physical or mental impairment under the ADA is:

- Any physiological disorder, condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine; or
- Any mental or psychological disorder, such as an intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
- The disorder or condition is considered:
  - In its active state, even if presently in remission. (Examples: epilepsy, MS, asthma, cancer, bipolar disorder.)
  - Without regard to the effects of mitigating measures such as prostheses, medication, etc., except ordinary eyeglasses.
  - With consideration of the negative effects of treatment such as medication or other measures.

  *The definition of a disability may differ slightly under state law.

5. If the answer to #4 is yes, does the employee's impairment(s) substantially limit one or more major life activities? ☐ Yes ☐ No

> **Note:** Whether an impairment substantially limits the ability of an individual to perform a major life activity is determined:
>
> - As compared to most people in the general population; and
> - Does not need to prevent, or significantly or severely restrict, the individual from performing a major life activity – the impairment only needs to "substantially limit" the employee's ability to perform the major life activity.

Limitations on major life activities: Answer the following question based on what limitations the employee has when his or her 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, assistive technology, auxiliary aids or services, prosthetics, etc. Mitigating measures do not include ordinary eyeglasses or contact lenses.

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

Major Life Activities (check all that apply):

☐ Bending	☐ Interacting with others	☐ Reaching	☐ Standing
☐ Breathing	☐ Learning	☐ Reading	☐ Thinking
☐ Caring for self	☐ Lifting	☐ Seeing	☐ Walking
☐ Concentrating	☐ Performing manual tasks	☐ Sitting	☐ Working
☐ Eating		☐ Sleeping	☐ Other(s) (describe)
☐ Hearing		☐ Speaking	

Major Bodily Functions (check all that apply):

☐ Bladder	☐ Digestive	☐ Lymphatic	☐ Reproductive
☐ Bowels	☐ Endocrine	☐ Musculoskeletal	☐ Respiratory
☐ Brain	☐ Genitourinary	☐ Neurological	☐ Sensory organs & skin
☐ Cardiovascular	☐ Hemic	☐ Normal cell growth	☐ Other(s) (describe)
☐ Circulatory	☐ Immune	☐ Operation of an organ	

7. **Duration:** When did the impairment(s) above commence? Identify the start date for each.

Impairment: _____ Start Date: _____
Impairment: _____ Start Date: _____
Impairment: _____ Start Date: _____
Impairment: _____ Start Date: _____
Impairment: _____ Start Date: _____
Impairment: _____ Start Date: _____
Impairment: _____ Start Date: _____

Please also provide the duration for each in the fields below and describe the nature, severity, and anticipated duration of the impairment(s).

Temporary (explain): _____
Anticipated duration:_____
Temporary with residual side effects (explain): _____
Permanent: _____
Chronic (explain): _____

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.

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

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

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

An individual with a record of a substantially limiting impairment may be entitled, absent undue hardship, to a reasonable accommodation if needed and related to the past disability.

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

2. What job functions or benefits of employment is the employee having trouble performing or accessing because of the past limitation(s)?

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

Question to help determine effective accommodation options.

If an employee has a disability and needs an effective 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:

1. Do you have any suggestions regarding possible accommodations to improve job performance? ☐ Yes ☐ No

    a. If so, what are they?

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

3. Will a leave of absence assist the employee to return to work? ☐ Yes ☐ No
    a. How will leave assist the employee in returning to work?

    b. *Duration.* What are the dates during which you anticipate the employee will need the leave of absence? -

NOTE: You must provide your best medical judgment, based on current information, as to the length of time the employee will need an accommodation to perform his/her essential job functions.

4. For how long do you anticipate the employee will need the identified accommodation(s) to perform the essential job functions?
    ☐ Days ☐ Weeks ☐ Months ☐ Years ☐ Permanent

NOTE: You must provide your best medical judgment, based on current information, as to the length of time the employee will need an accommodation to perform his/her essential job functions.

4. **Other Questions or Comments:**

Health Care Provider Name: _____

Health Care Provider Address: _____

Health Care Provider Phone Number: _____

_____ _____

Health Care Provider Signature Date

Please return the completed form to Bryan Hack, Executive Manager of Human Resources at:
Mobile County Public Schools
1 Magnum Pass, Mobile AL 36618
Fax: (251) 221-6264

If you experience difficulty faxing this form, please call Bryan Hack at (251) 221-4500.

Thank you in advance for your prompt reply to the questions in the attached provider questionnaire.

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