



Accessibility Office

ADA MEDICAL DOCUMENTATION REQUEST

Poudre School District (PSD), and the employee listed below, is requesting that you examine the employee to provide information regarding two general issues: (a) whether a physical or mental impairment exists that substantially limits one or more major life activities, including any functional limitation associated with such impairments, and if so, whether the impairment(s) limit the employee's ability to perform the essential functions of the position, and (b) suggest accommodations that would enable the employee to perform all the essential functions of their work position listed below.

Health Care Provider Name & Title (HCP): _____

Practice Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employee Name: _____

Job/Position Evaluated: _____

Poudre School District ADA Medical Documentation Request

IMPORTANT NOTES TO HEALTHCARE PROVIDER:

When answering the following questions, please do not take into consideration ameliorative effects of mitigating measures, such as medication; medical supplies, equipment, or appliances; low-vision devices (which do not include ordinary eyeglasses or contact lenses); prosthetics including limbs, and devices; hearing aids and cochlear implants, or other implantable hearing device; mobility devices; oxygen therapy equipment and supplies; use of assistive technology; auxiliary aids or services or learned behavioral or adaptive neurological modifications.

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 employees or their family members. 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'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 impairment?

YES NO

2. Does the impairment substantially limit a major life activity or bodily function?

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, hearing, eating, sleeping, walking, standing, lifting, bending, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include major bodily functions such as immune system functions, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

YES NO

- If yes, please identify which major life activity or activities are limited:

Poudre School District ADA Medical Documentation Request

3. For each major life activity that is limited by the impairment, please describe how the employee is restricted as to the condition, manner, or duration under which that activity can be performed, as compared to the way in which an average person in the general population can perform that activity.

4. Is this condition permanent or temporary?

PERMANENT

CHRONIC

TEMPORARY

UNKNOWN

- If temporary, what is the duration or expected duration of the employee's impairment or side effects?

5. The job description for the employee's position is attached. Are there limitations interfering with the employee's job performance or accessing a benefit of employment?

YES

NO

- If yes, what is/are the limitations?

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

Poudre School District ADA Medical Documentation Request

6. Please identify specific examples of suggested accommodations that could enable this employee to perform those job functions. Note, these are suggestions only and may or may not be considered reasonable accommodations by PSD.

7. If medical leave is one of the possible accommodations listed above, please provide an estimated duration for the leave.

8. Would performing any of the job functions listed result in a direct safety or health threat to this employee or other people (co-workers, students, members of the public, etc.)?

YES

NO

- If yes, please describe which job function(s) would pose such a threat:

- And the safety or health threat posed to the employee and/or others:

- And any accommodation that would eliminate the direct safety or health threat, or reduce it to an acceptable level:

Poudre School District ADA Medical Documentation Request

Thank you for your professional attention to this matter. Please sign and date below to indicate that you have personally evaluated and reviewed the attached medical information and job description.

Heath Care Provider Signature

Date