



District School Board of Pasco County

Office for Employee Relations Medical Certification of ADA Qualifying Impairment

COVID-19 Update:

The District's Health and Safety plan, implemented in accordance with the CDC directives, has successfully resulted in only 1.41% of staff and 0.537% of students testing positive for the virus that causes COVID- 19, compared to the 6.8% positivity rate reported in Pasco County as of November 13, 2020. In addition to reducing the transmission of the virus within our schools and decreasing the possibility of infection, on October 2020, the CDC issued updated guidance that reduces the number of adults who are considered at an increased risk of severe illness if they contract COVID-19. The updated list includes adults diagnosed with: Cancer, Chronic Kidney Disease, COPD, Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies), Immunocompromised state caused by a solid organ transplant, Obesity (BMI>30), Severe Obesity (BMI>40), Sickle cell disease, and Type 2 diabetes mellitus. These individuals may qualify for reasonable accommodations under ADA based on the limitations associated with these conditions and documented by their health care professional.

Individuals requesting a reasonable accommodation pursuant to the Americans with Disabilities Act of 1990 are required to have a licensed health care provider with expertise about the individual's specific health condition and the limitations imposed by it complete the following form to allow the District to evaluate the request for accommodation and begin the interactive process. Documentation is insufficient if: it does not specify the functional limitations due to the disability; describe how the limitations impact the essential functions of the employee's position; include the anticipated duration of the impairment; and/or why a reasonable accommodation is needed for the employee to safely perform his/her assigned tasks. This information is treated confidentially, not maintained in the employee's main personnel file, and will be used only by authorized individuals with direct need to know and/or evaluate the information for ADA purposes.

It is the employee's responsibility to provide a job description of their current assignment, not inclusive of any temporary reassignments or setting changes that had been previously approved based on documentation submitted earlier, and information about additional responsibilities that may impacted by the reported medical condition. Updated forms must be submitted to the Equity Office to initiate the ADA process and approve the provision of any reasonable accommodations under ADA.

ATTN: Equity Office
Office for Employee Relations
District School Board of Pasco County
7227 Land O'Lakes Blvd.
Land O'Lakes, FL 34638
Phone: (813) 794-2679
Fax: (813)794-2119

FAILURE TO PROVIDE COMPLETE AND SUFFICIENT DOCUMENTATION MAY RESULT IN A DETERMINATION THAT THE EMPLOYEE IS INELIGIBLE FOR REASONABLE ACCOMMODATIONS UNDER ADA.

SECTION 1: TO BE COMPLETED BY EMPLOYEE

First: _____ Last: _____

Employee #: _____ DOB: _____

Position: _____ Location: _____

Supervisor/Administrator: _____

I, _____, authorize my health care provider(s) to complete this form for the purpose of exploring coverage and reasonable accommodation under the Americans with Disabilities Act (ADA). In addition, as it relates to this request for ADA accommodation(s) only, I authorize my health care provider to communicate with the Equity Office, both verbally and/or in writing, regarding my disability-related limitations and appropriate reasonable accommodations that may be considered.

Signature: _____

Date: _____

SECTION II: TO BE COMPLETED BY LICENSED HEALTHCARE PROVIDER

Name of Healthcare Provider: _____

Specialty/Type of Practice: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

A. Questions to help determine whether an employee has a disability.

To qualify for reasonable accommodations under the ADA, an employee has a disability if s/he has an impairment that substantially limits one or more major life activities, or has a record of such impairment. Your responses to the following questions may help in determining whether an employee has a disability as defined by the ADA.

Does the employee have a physical or mental impairment? YES NO

If yes, what is the impairment(s) and /or diagnosis: _____

Is the impairment permanent? YES NO

If NOT permanent, how long will the impairment likely last? ____ weeks ____ months

***If the employee requests reasonable accommodations that extend beyond the anticipated duration, an updated Medical Certification will be required.**

Answer the following questions based on what limitations the employee has when his/her condition is in an active state, and what limitations the employee would have if no mitigating measures (e.g., medication, medical equipment, hearing aids, mobility devices, prosthetics, psychotherapy, etc.) were used? Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity as compared to most people of the same sex and age in the general population? YES NO

If yes, what major life activity(s) is/are affected?

- | | | | | |
|-----------------------------------|-----------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Hearing | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Interacting with others |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Standing | <input type="checkbox"/> Breathing | <input type="checkbox"/> Learning | <input type="checkbox"/> Caring for self |
| <input type="checkbox"/> Thinking | <input type="checkbox"/> Lifting | <input type="checkbox"/> Sitting | <input type="checkbox"/> Standing | <input type="checkbox"/> Concentrating |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Seeing | <input type="checkbox"/> Walking | <input type="checkbox"/> Kneeling | <input type="checkbox"/> Pushing/Pulling |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Carrying | <input type="checkbox"/> Other: (describe) _____ | | |

And/or what major bodily function(s) is/are affected?

- | | | | | |
|---------------------------------------|--|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Bowel | <input type="checkbox"/> Digestive | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Endocrine | <input type="checkbox"/> Hemic | <input type="checkbox"/> Brain | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Circulatory | <input type="checkbox"/> Immune | <input type="checkbox"/> Skin/Sense | <input type="checkbox"/> Cell Growth | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Reproductive | <input type="checkbox"/> Other: (describe) _____ | | | |

B. Questions to help determine whether a reasonable accommodation is needed at work as a direct result of the ADA qualifying disability/impairment.

In your professional opinion, and after reviewing the job description provided by the employee, can the individual perform the essential functions of the job without direct threat to their own health and safety and/or the health and safety of others in the workplace? YES NO

Regular attendance is an essential function of virtually all jobs, and an individual who cannot work regularly therefore may not qualify as “able to perform the essential functions of the job”. In your professional judgment, will the diagnosis/impairment this employee cause to be unable to report to work in any substantive way?
YES NO

In your professional opinion, and after reviewing the job description provided by the employee, is there a limitation that is interfering with employee’s job performance or accessing a benefit of employment? YES NO

If yes, what limitation(s) is interfering with the employee’s job performance?

If yes, what job function(s) listed in the job description is the employee having trouble with or unable to perform?

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.

What are the recommended suggestions regarding possible accommodations to improve job performance?

How would your suggestions improve the employee’s job performance and allow them to perform the essential functions of their position?

Licensed Medical Provider Signature

Date