



DISTRICT SCHOOL BOARD OF PASCO COUNTY
OFFICE FOR EMPLOYEE RELATIONS
MEDICAL CERTIFICATION OF ADA QUALIFYING IMPAIRMENT

Individuals requesting a reasonable accommodation pursuant to the Americans with Disabilities Act of 1990 are required to have an appropriate health care provider complete the following form to allow the District to assess the request for accommodation and to begin the interactive process. This information is treated confidentially, is 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. Please return this form within 15 days to:

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

Name of Person Requesting ADA accommodations:

First: _____ Last: _____

Employee #: _____ DOB: _____

Work Site: _____ Position: _____

REMAINING SECTION TO BE COMPLETED AND CERTIFIED BY 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).

1. In your professional judgement, does this individual have a physical impairment that is a physiological disorder or condition, cosmetic disfigurement, or anatomical loss? **Y or N**

2. In your professional judgement, does the individual have a mental impairment that meets the following definition: "Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities"? **Y or N**

3. Please state the patient's diagnosis and describe the medical facts that support your certification:

4. When did symptoms first appear? _____ Reported symptoms: _____

5. Under ADA regulations, major life activities are described as activities that an average person can perform with little or no difficulty. The regulations do not offer an exhaustive list but mention the following examples: sitting, standing, walking, speaking, breathing, seeing, hearing, learning, working, caring for oneself, performing manual tasks, lifting, bending, reading, thinking, communicating, concentrating, and interacting with others.

In your professional judgement, does the individual have an impairment that limits one or more major life activities according to this definition? **Y or N**

If yes, please describe _____

6. The limitation to major life activities must be substantial under the regulations: "An impairment is substantially limiting if it prohibits or significantly restricts an individual's ability to perform a major life activity as compared to the ability of the average person in the general population to perform the same activity." There are three factors to consider in determining whether an impairment is substantially limiting:

- a. Does the nature and severity of the impairment make it substantially limiting? **Y or N**
- b. Does the anticipated duration of the impairment make it substantially limiting? **Y or N**
- c. Does/Will the impairment have a long-term impact that prohibits or significantly restricts the ability to perform a major life activity? **Y or N**

If yes to any of the above, please explain: _____

7. If you believe the individual has a disability that substantially limits the individual's ability to perform one or more major life functions, in your professional opinion, can the individual perform the essential functions of the job (see attached job description) without direct threat to their own health and safety and/or the health and safety of others in the workplace? **Y or N**

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 judgement, does this diagnosed condition create an impairment that might ordinarily cause an individual to be unable to report to work in any substantive way? **Y or N**

8. Is an accommodation required to enable the individual to perform the essential functions of the job as described? **Y or N**

If yes, what is the specific essential task(s) of the individual's position that requires reasonable accommodation(s)? _____

Please suggest reasonable accommodation(s) which should be considered that would specifically and directly address/ameliorate the substantial limitation and enable the individual to successfully perform the essential task(s) identified above: _____

Anticipated duration: _____.

9. Please provide any additional information that you feel would be useful to Equity Manager in evaluating the individual's medical condition: _____

Signature of attending physician: _____

Printed name of attending physician: _____

Date: _____