

Employee Disability Verification Form

(To be completed by the Health Care Provider)

1) Employee's Name:

2) Date:

3) Please describe the employee's health condition/disability:

4) Date condition/disability commenced:

5) Probable duration of condition/disability:

6) Does the employee's medical condition result in a physical¹ or mental impairment² that substantially limits one or more "major life activities"³ as defined by the Americans with Disabilities Act (ADA)? ☐ Yes ☐ No
If "Yes", please describe the functional limitations indicating which "major life activity" is affected:

7) Attached is a job description. Please circle any items listed on the job description that the employee may not be able to perform based on the employee's medical history and physical exam. Please indicate your opinion by selection of the following options:

☐ Should be able to perform the essential functions without accommodation; **or**

☐ May not be able to perform the essential functions circled on the attached job description and a reasonable accommodation is not feasible; **or**

☐ May not be able to perform the essential functions circled on the attached job description; however, the following reasonable accommodation(s) should be considered to help the individual perform the essential functions (please list your recommendation for reasonable accommodation):

8) If there is a need for an accommodation, is it likely to be temporary or permanent? If temporary, how long do you estimate the need for accommodation will exist?

9) Additional comments:

(Signature of Health Care Provider)

(Date)

(Print Name of Health Care Provider)

(Type of Practice)

(Address)

(Telephone Number)

¹ A physical impairment is defined by the ADA as: any physiological disorder, or 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.

² A mental impairment is defined by the ADA as, 'any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.'

³ Examples of major life activities include walking, seeing, speaking, hearing, breathing, learning, performing manual tasks, caring for oneself, working, sitting, standing, lifting and reaching.