

ADA COMPLIANCE FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

(INDEX AND ATTACH A COPY OF ALL MEDICAL DOCUMENTATION CONSIDERED TO COMPLETE THIS FORM)



A Member of The Texas A&M University System

NOTE: *The information sought on this form pertains only to the condition for which the employee is requesting accommodation under the ADA. With few exceptions, the employee has the right to request and review information about them collected using this form.*

Employee Name: _____

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

"Applicants extended an offer of employment and employees who request an accommodation are responsible for obtaining a medical statement that contains a [1] diagnosis, [2] prognosis, and [3] the major life function that is substantially limited. This medical statement should include [4] an evaluation as to the effect that the impairment has on the employee's or prospective employee's ability to perform the duties associated with the position". System Regulation 08.01.01, subparagraph 6.4.

"The ADA defines *an individual with a disability* as a person who: (1) has a physical or mental impairment that substantially limits one or more major life activities of such individual; (2) has a record of such impairment; or (3) is being regarded as having such an impairment." System Regulation 08.01.01, Definitions.

The following questions may help determine whether an employee has a disability:

1. Does the employee have a physical or mental impairment? Yes No

If yes, what is the impairment? _____

2. Is the impairment long-term or permanent? Yes No

If *not* permanent, how long will the impairment likely last? _____

3. Is the impairment in remission? Yes No If so, since when? _____

4. Is the impairment episodic? Yes No

If so, how often do the symptoms generally become active? _____

5. Are there conditions which would prompt the symptoms to become active? _____

6. What are the symptoms when they become active? _____

7. What treatment is required when the symptoms become active? _____

Answer the following questions 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, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

8. Does the impairment substantially limit a major life activity? Yes No
 If yes, what major life activity(s) is/are effected?

<input type="checkbox"/> Caring for Self	<input type="checkbox"/> Walking	<input type="checkbox"/> Hearing	<input type="checkbox"/> Lifting	<input type="checkbox"/> Breathing
<input type="checkbox"/> Standing	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Working
<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Speaking	<input type="checkbox"/> Thinking	<input type="checkbox"/> Learning	<input type="checkbox"/> Bending
<input type="checkbox"/> Reading	<input type="checkbox"/> Communicating			
<input type="checkbox"/> Other: (describe) _____				

9. Does the impairment substantially limit the operation of a major bodily function? Yes No
 If yes, what bodily function(s) is/are effected?

<input type="checkbox"/> Immune	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Circulatory	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Normal Cell Growth
<input type="checkbox"/> Digestive	<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Reproductive	<input type="checkbox"/> Bowel	<input type="checkbox"/> Neurological
<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Bladder	<input type="checkbox"/> Brain	<input type="checkbox"/> Special Sense	<input type="checkbox"/> Genitourinary
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Cardiovascular			
<input type="checkbox"/> Other: (describe) _____				

B. Questions to help determine whether an accommodation is needed.

A qualified individual 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.

"A qualified individual with a disability means an individual with a disability who, with or without reasonable accommodations, can perform the essential functions of the employment position that such individual holds or desires." System Regulation 08.01.01, Definitions.

10. What limitation(s) is interfering or may interfere with job performance?

11. What essential function(s) of the job is the employee or prospective employee having difficulty performing or may have difficulty performing, because of the limitation(s)?

12. How does the employee's limitation(s) interfere with his/her ability to perform the essential function(s) of the job, if they do?

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.

“Undue hardship means an action requiring significant difficulty or expense, when considered in light of the following factors: (1) the nature and cost of the accommodation; (2) the overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation; the number of persons employed at such facility; effect on expenses and resources; or the impact otherwise of such accommodation upon the operation of the facility; (3) the overall financial resources of the covered entity with the respect to the number of its employees; the number, type and location of its facilities; and (4) the type of operation or operations of the covered entity, including the composition, structure, and functions of the workforce of such entity; the geographic separateness, and the administrative, or fiscal relationship of the facility or facilities in question to the covered entity.” System Regulation 08.01.01, Definitions.

“Reasonable accommodation may include: making existing facilities used by employees, students, and the public readily accessible to and usable by individuals with disabilities; job structuring, part-time or modified schedules; reassignment to a vacant position, acquisition or modification of equipment or devices; appropriate adjustment or modifications of examinations, training materials, or policies; the provision of qualified readers or interpreters; and other similar accommodations for individuals with disabilities.” System Regulation 08.01.01, Definitions.

The following questions may help determine an effective accommodation:

13. Do you have any suggestions regarding possible accommodations to meet job requirements? If so, what are they?

14. How would your suggestions allow the employee to meet job requirements?

Additional Comments:

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<i>Printed Name of Medical Provider</i>	<i>Street</i>	<i>City, State</i>	<i>Zip Code</i>	<i>Phone Number</i>
<hr/>	<hr/>			
<i>Signature of Medical Provider</i>	<i>Date</i>			

*****ALL INFORMATION PROVIDED IS CONFIDENTIAL AND WILL BE RETAINED IN THE EMPLOYEE’S LEAVE/MEDICAL FILE*****

**Return form to:
Texas A&M University-Kingsville
Human Resources
700 University Blvd.
MSC 107
Kingsville, TX 78363**