VALDOSTA STATE UNIVERSITY
Request for
MEDICAL STATUS EVALUATION under ADA

In order to make a determination about the nature of this employee's medical condition, and whether the employee might be considered a qualified individual with a disability under the Americans with Disabilities Act (ADA), Valdosta State University requests the following information from the individual's healthcare practitioner. 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 to:

Equal Employment Opportunity Programs
& Multicultural Office *phone (229)333-5709*
Valdosta State University-University Center *fax (229)259-5030*
1208 N. Patterson St.
Valdosta, GA 31698

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THIS SECTION TO BE COMPETED BY EMPLOYEE:

Employee's Name	Soc Sec #	Date of Birth
Street Address, City, State, ZIP	Day Phone	Eve Phone
In order for Valdosta State University to evaluate my status with regard to possible need for accommodation, my healthcare provider may release this information and may provide additional clarification/information/documentation if requested by the University.		Employee Signature

COMPLETE THIS SECTION & FORWARD: TO BE COMPLETED BY HEALTHCARE PROVIDER:

Name of Physician/Practitioner	Degree/Specialty/Type of Practice
Office Address, City, State, ZIP	Office Phone

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

_____

_____

_____

a) When did symptoms first appear? _____

b) Subjective symptoms:_____

_____

2. In your professional judgment, does this individual have a ***physical impairment*** that "is a physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:"

   a) neurological
   b) musculoskeletal
   c) special sense organs
   d) respiratory (including speech organs)
   e) cardiovascular
   f) reproductive
   g) digestive
   h) genitor-urinary
   i) hemic and lymphatic
   j) skin
   k) endocrine

   ☐ Yes ☐ No

   If yes, please explain in detail below.

   _____

   _____

   _____

3. In your professional judgment, 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."

   ☐ Yes ☐ No

   If yes, please describe in detail.

   _____

   _____

   _____

4. 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	speaking	hearing	caring for oneself
standing	breathing	learning	performing manual tasks
walking	seeing	working	lifting

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

☐ yes ☐ no

If yes, please describe in detail.

_____

_____

_____

5. The limitation to major life activities must be *substantial* under regulations: "An individual must be unable to perform, or be significantly limited in the ability to perform, the function." There are three factors to consider in determining whether a person's impairment substantially limits a major life activity:

   a) The nature and severity of the impairment
   b) How long the impairment will last or is expected to last
   c) The permanent or long-term impact or expected impact

   In your professional judgment, is the individual's impairment *substantial?*

   ☐ yes ☐ no

   If yes, explain how the above factors individually or in combination substantially limit the individual in the performance of one or more major life activities.

_____

_____

_____

6. a) If you believe the individual to have 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* (based on the job description), with or without an accommodation, and without

direct threat to their own health and safety and/or the health and safety of others in the workplace?

☐ yes ☐ no

b) *Is an accommodation required* to enable the individual to perform the essential functions of the job as described

☐ yes ☐ no

c) If accommodation is required, can you suggest or *recommend one or more possible reasonable accommodations* that would specifically and directly address/ameliorate the substantial limitation and enable the individual to successfully perform the essential functions of the job?

☐ yes ☐ no

If yes, please suggest reasonable accommodation(s) and describe how such accommodation would enable the individual to successfully perform the essential functions of the job:

_____

_____

_____

7) a) In your professional judgment, can the individual's medical condition be *successfully ameliorated* within treatment (e.g., medication, diet, physical therapy, surgical treatment)?

☐ yes ☐ no

b) *If yes to 7a*, is the individual *compliant* with your recommended course of treatment?

☐ yes ☐ no

If no, please explain in detail._____

_____

_____

8) a) Regular attendance is an essential function of virtually all jobs, and an individual who cannot attend work regularly, therefore may not qualify as "able to perform the essential functions of the position." In your professional judgment, does this medical condition create impairment that might ordinarily cause the individual to be *unable to report to work* in any substantive way?

☐ yes ☐ no

b) *If yes to 8a*, what is the general expectation of the average number of days this individual might be expected to miss work:

_____work days/month (month=22 work days)
_____work days per year (year=262 work days)

9. Please provide any further information you feel would be useful to Valdosta State University in evaluating the individual's medical condition.

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_____ _____

PHYSICIAN'S SIGNATURE DATE
(please do not use signature stamp
or designee signature)