VCU
Equity and Access Services

Medical Certification for Employee Accommodation

We have received notice from you indicating that you have a condition that requires an accommodation in the workplace. To process this request, additional information is needed from the treating provider. Please review your Employee Work Profile (job description) or faculty work plan (job description) and/or job responsibilities with your medical provider and complete this certification and return it to Equity and Access Services as soon as possible. This information must be received to process your request.

All medical-related information shall be kept confidential and maintained separately from other personnel records. However, supervisors and managers may be advised of information necessary to make the determinations they are required to make in connection with a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.

If you have any questions or concerns, please contact:
Crystal C. Coombes, University Accessibility Administrator, *Serving as the ADA/Section 504 Coordinator*
Equity and Access Services
Virginia Commonwealth University
1001 Grove Avenue, Box 842549,
Richmond, VA 23284-2549
****NOTE: During Covid-19 operations at the university, email submission of forms is necessary. Please send to:**
E-mail: cccoombes@vcu.edu

Employee Name:	Employee Position:
1.) Describe the (a) nature, (b) severity, and (c) duration of the employee's impairment.	

2.) Does the impairment substantially limit a major life activity? Yes ☐ No ☐

If yes, check the major life activity or activities that apply:

☐Bending	☐Hearing	☐Reaching	☐Speaking	☐Other (describe)
☐Breathing	☐Interacting with Others	☐Reading	☐Standing	
☐Caring for Self	☐Learning	☐Seeing	☐Thinking	
☐Concentrating	☐Lifting	☐Sitting	☐Walking	
☐Eating	☐Performing Manual Tasks	☐Sleeping	☐Working	

3.) Does the impairment substantially limit a major bodily function? Yes ☐ No ☐

If yes, check the major bodily function or functions that apply:

☐Bladder	☐Digestive	☐Lymphatic	☐Reproductive
☐Bowel	☐Endocrine	☐Musculoskeletal	☐Respiratory
☐Brain	☐Genitourinary	☐Neurological	☐Special Sense Organs & Skin
☐Cardiovascular	☐Hemic	☐Normal Cell Growth	☐Other: (describe)
☐Circulatory	☐Immune	☐Operation of an Organ	

4.) Using the Employee Work Profile (job description) or Faculty Work Plan (job description), identify essential job functions affected and describe the accommodation requested and why the requested reasonable accommodation is needed.

5.) Are there any alternative accommodations that may also be feasible (not listed in #4)?

Health Care Provider's Printed Name:

Address:

City: State/Territory: Zip:

Telephone Number:

Signature: Date: