



# VCU

## Medical Information for Employee Accommodation

**To the Employee:** In order to review your request for accommodations in the workplace, information is needed from your treating medical provider. Please review your job responsibilities with your medical provider and have your provider complete this form. Medical documentation is confidential, and will only be shared as needed with the appropriate personnel to consider the implementation of a reasonable accommodation.

**Release of Information:** I hereby authorize the release of the following information to VCU for the purpose of determining the availability of reasonable workplace accommodations. I further authorize VCU to contact my physician or healthcare provider to seek clarification of this documentation if necessary.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To the Medical Provider:

This employee has requested a reasonable accommodation in accord with the Americans with Disabilities Act (ADA). Please complete this form based on your medical expertise and knowledge of the employee's medical condition. VCU will use the information you provide and the employee's job description to determine what reasonable accommodation may be available, if any. Additional information can be attached if necessary.

Note: Federal law defines a **disability** as a physical or mental impairment that substantially limits one or more major life activities. Examples of **major life activities** include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, speaking, breathing, learning, concentrating, communicating. Major life activities also include the operation of a major bodily function, such as functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

"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. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services." 29 C.F.R. §1635.8

If you have any questions or concerns, please contact: Equity and Access Services, Virginia Commonwealth University, Phone: 804-828-1347. Please return this form to [ADAservices@vcu.edu](mailto:ADAservices@vcu.edu) or fax 804-827-7416.

Provider's Name: \_\_\_\_\_

Title/Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2. If yes, please describe the condition, **including its severity**.

3. Is the condition permanent?  Yes  No  
If not, how long is it expected to last?

4. Does the condition affect the employee's ability to perform a major life activity as defined above?  
 Yes  No  
If yes, describe how.

5. Based on your understanding of the employee's job responsibilities, does the condition affect the employee's ability to perform any of their job duties?  Yes  No  
If yes, describe how:

6. If the employee is limited in the ability to perform any part of their job, please suggest any accommodations that might enable the employee to perform their job duties, and describe how long you believe such accommodation will be necessary: