

ADA Medical Certification Form

This medical certification is meant to facilitate documentation of disabilities and should be completed by the Point park employee and their Physician. Please attach and sign additional pages that might clarify this request for accommodation.

Part I: To be Completed by the Employee

Employee Name: _____ **Department:** _____

Job Title: _____

I give authorization for my physician to release medical information to Point Park University, Human Resources for the purpose of determining qualification and reasonable accommodation under the Americans with Disabilities Act.

Employee Signature: _____ **Date:** _____

Part II. Medical Certification: To be Completed by Employee's Physician

Section A

- | | | |
|---|-------|----|
| 1. Does the employee have a physical or mental impairment? | YES | NO |
| 2. If yes, please describe the physical or mental impairment. | | |
| | | |
| | | |
| 3. Is the impairment permanent? | YES | NO |
| 4. If not permanent, how long will the impairment likely last? | _____ | |
| 5. Is this a condition which: | | |
| a. Requires periodic visits for treatment by a health care provider? | YES | NO |
| b. Continues over an extended period of time? | YES | NO |
| c. May cause episodic rather than a continuing period of incapacity? | YES | NO |
| 6. Is the patient taking medications or treatments that would be expected to affect job performance that would pose a direct threat or safety risk? | YES | NO |
| If yes, explain: | | |
| | | |
| | | |
| 7. What Activity or Activities does the impairment limit? | | |
| | | |
| | | |
| 8. Additional Comments or Requirements in regards to the impairment: | | |

Section B: Please indicate the life function affected and the limitations of the employee ONLY if applicable:

Physical Activity	Mild Limitation	Moderate Limitation	Severe Limitation
Sitting			
Standing			
Walking			
Bending Over			
Climbing			
Reaching Overhead			
Kneeling			
Pushing & Pulling			
Crouching/Stooping			
Lifting or Carrying			
• 10 lbs or less			
• 11 to 25 lbs			
• 26 to 50 lbs			
• 51 to 75 lbs			
• 76 to 100 lbs			
• Over 100 lbs			
Repetitive Use of Hands			
• Right Only			
• Left Only			
• Both			
Simple/Light Grasping			
• Right Only			
• Left Only			
• Both			
Firm/Strong Grasping			
• Right Only			
• Left Only			
• Both			
Fine motor, right hand			
Fine motor, left hand			
Indicate Level of Mental Emotional, and Sensory Limitations, if applicable			
Pace of Work	Fast Avg Below Avg	Reasoning	Mild Moderate Severe
Manage Multiple Priorities	Mild Moderate Severe	Hearing	Mild Moderate Severe
Intense Customer Interaction	Mild Moderate Severe	Reading	Mild Moderate Severe
Multiple Stimuli	Mild Moderate Severe	Analyzing	Mild Moderate Severe
Frequent Change	Mild Moderate Severe	Verbal Communication	Mild Moderate Severe
Short-term Memory	Mild Moderate Severe	Written Communication	Mild Moderate Severe
Long-term Memory	Mild Moderate Severe	Vision	Mild Moderate Severe
Attention Span	Mild Moderate Severe		

Section C: Please refer to Employee’s Job Description when answering the questions below:

<p>1. Would the employee be able to perform the essential job functions listed in his/her job description with or without accommodation?</p> <p>2. If specific equipment may be needed in order for the employee to perform the essential functions of the job, please list what equipment might be needed:</p>
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Physician Name:	
Physician Address:	
Physician Phone Number:	
Physician’s Signature:	

GINA prohibits employers from requesting or requiring genetic information of employees or their family members. In order 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” 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.”

Please return form to:
Point Park University
Attn: Human Resources, N. Rice
201 Wood Street
Pittsburgh PA 15222
nrice@pointpark.edu

Phone: 412-392-4770
Temporary Fax: 412-844-2075