 **Physician’s Certificate**

 **Response To A Request for ADA Accommodation**

 **Form B**

Dear Medical Professional,

Grossmont-Cuyamaca Community College District is requesting your assistance in obtaining the information needed to explore reasonable accommodations for your patient in compliance with the requirements of Title I of the American’s with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA), consistent with the organizational goals to assist disabled employees to remain at work with reasonable accommodations whenever possible.

Your support in completing this form will assist us as we engage in the interactive process to assess the need for the accommodation and to evaluate available options. **Note:** **DO NOT describe the diagnosis, your patient’s medical condition, or disclose the specific illness.**

**Patients Name:**  **Examination Date:**

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

 If yes, 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.

1. Does the impairment limit a major life activity as compared to most people in the general population?(**NOTE:** Does not need to significantly or severely restrict to meet this standard.) **Yes** [ ]  **No** [ ]

What major life activity(s) is/are affected? **Please check all that apply.**

[ ]  Bending [ ]  Hearing [ ]  Reaching [ ]  Speaking [ ]  Other

[ ]  Breathing [ ]  Interacting with Others [ ]  Reading [ ]  Standing Please Describe

[ ]  Caring for Self [ ]  Learning [ ]  Seeing [ ]  Thinking

[ ]  Concentrating [ ]  Lifting [ ]  Sitting [ ]  Walking

[ ]  Eating [ ]  Performing Manual Tasks [ ]  Sleeping [ ]  Working

1. What job function(s) is the employing having trouble performing or accessing because of the limitation(s)?

1. How does the employee’s limitation(s) interfere with his/her ability to perform the functions of their position?

1. In reviewing the Job Description, are there any additional unmodified job activities listed that you would restrict your patient from doing either partially or wholly?

**No** [ ] He/she is not restrict in any other physical, mental, and emotional demands.

**Yes** [ ] He/She has the following restrictions:

1. Does continued assignment to the employee’s current assignment pose a significant risk of substantial harm to the health and safety of the employee or others?  **Yes** [ ]  **No** [ ]
2. *If the answer to question 6 is yes*, identify the duration, nature, severity, likelihood, and imminence of each specific risk.

1. *If the answer to question 6 is yes*, identify any specific work restriction(s) that, if accommodated, would reduce or eliminate the risk(s) described in question 7.

1. Do you have any suggestions for possible accommodations to improve job performance?[ ]  **Yes** [ ]  **No**
2. *If the answer to question 9 is yes*, identify how your suggestions improve the employee’s job performance?

Print Medical Professionals Name:

Complete Address:

Phone Number: Specialty:

Medical Professional’s Signature: Date:

PLEASE RETURN A COPY OF THIS FORM TO:

Cheryl Detwiler, Human Resources Coordinator

Grossmont-Cuyamaca Community College district

(619) 644-7571

*Cheryl.detwiler@gcccd.edu*