

**PORTALES MUNICIPAL SCHOOL DISTRICT
ADA ACCOMMODATIONS
MEDICAL CERTIFICATION FORM**

The following Portales Municipal School District employee has requested accommodation(s) under the Americans with Disabilities Act (ADA):

Employee's Name: _____

In order to assist with the interactive process, we are requesting your responses to the following questions based on your medical expertise and treatment of the aforementioned employee.

<input type="checkbox"/> I certify that the employee has a physical, mental, and/or emotional impairment that limits one or more major life activity. Below, please indicate the life function affected and the limitations of the employee.			
Physical Activity	Mild Limitation	Moderate Limitation	Severe Limitation
Sitting			
Standing			
Walking			
Bending Over			
Climbing			
Reaching Overhead			
Kneeling			
Pushing & Pulling			
Crouching/stooping			
Carrying or Lifting			
• 10 lbs or less			
• 11-25 lbs			
• 26-50 lbs			
• 51-75 lbs			
• 76-100 lbs			
• Over 100 lbs			
Repetitive Use of Hands			
• Right Only			
• Left Only			
• Both			
Strong Grasping			
• Right Only			
• Left Only			
• Both			
Fine Motor, right hand			
Fine Motor, left hand			
Indicate Level of Any Mental, Emotional, Sensory Limitations			
Pace of Work	<input type="checkbox"/> Fast	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Manage Multiple Priorities	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Interactions with Others	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Multiple Stimuli	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Frequent Change	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Short-term Memory	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Long Term Memory	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Hearing	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Reading	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Reasoning	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Verbal Communication	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Written Communication	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Vision	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

A. Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether an accommodation is needed because of the disability:

What limitation(s) in major life activities is/are interfering with the employee's ability to perform his/her job?

What essential job function(s) listed on the job description is the employee having trouble performing or accessing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

B. Questions to help determine effective accommodation options.

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?

How would your suggestions improve the employee's job performance?

C. Other information or comments.

Name of Health Care Provider (printed): _____

Name of Practice: _____

Signature of Health Care Provider: _____

Date: _____

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.