

University of Houston-Victoria Medical Certification/Inquiry Form

Employee Name: _____ Position: _____

Department: _____

The above employee has requested an accommodation based on a medical condition. Attached is a copy of the employee's job description. Please review the employee's job functions. In answering the following questions, address any limitations or restrictions, if any, that may exist in the employee's performance of those job functions due to his/her medical condition. If you identify any limitations or restrictions, please provide suggestions for possible accommodations you believe may allow the employee to perform his/her essential job functions. Attach a separate sheet, if necessary. (*Note: Please attempt to use the same language contained in the job description when addressing specific limitations.*)

When answering the first three questions, please do not take into consideration any remedial effects of mitigating measures, such as medications, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies; use of assistive technology; reasonable accommodations or auxiliary aids or services; or learned behavioral or adaptive neurological modifications.

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. (75 Fed. Reg. 68934)

Please contact the UHV ADA Coordinator, Laura Smith, (Director, HR/EO) at (361) 570-4800 or email smithl@uhv.edu if you have any questions about completing this form. Your assistance is appreciated.

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1. Does the employee have a physical or mental impairment?

Yes No

What is the impairment? _____

2. Is the impairment: Short Term Long Term Permanent

If *not* permanent, how long will the impairment likely last? _____

3. Does the employee's impairment substantially limit any major life activities?

Yes No

If **Yes**, which major life activities are limited?

4. After reviewing the employee's job description, can the employee perform all essential job functions?

Yes No

If **No**, which of the essential functions of the employee's job can he or she not perform? _

5. Please provide any suggestions you may have regarding possible accommodations to allow the employee to perform essential job functions.
