

COLUMBUS STATE

COMMUNITY COLLEGE

DATE

HEALTHCARE PROVIDER'S NAME AND ADDRESS

Re: ADA Accommodation Request – **EMPLOYEE'S NAME**

Dear **HEALTHCARE PROVIDER:**

Columbus State Community College has received a request for a reasonable accommodation under the Americans with Disabilities Act and its amendments (ADA/ADAAA) from the aforementioned employee or applicant. Along with this request, the employee/applicant provided your name as a treating health care professional. Accordingly, we are requesting information regarding this person's disability and applicable functional limitations.

Your feedback is essential to evaluate 1) if the employee or applicant meets the ADA/ADAAA definition of an individual with a disability; and 2) the employee's or applicant's functional restrictions which support the accommodation request. Please find enclosed a signed copy of the *Authorization for the Release or Use of Personal Health Information* and a copy of the *Request for Reasonable Accommodation* form submitted by the employee or applicant. If applicable, a copy of the employee's job description also is included. Under the ADA/ADAAA, an employee or job applicant has a disability if he or she has an impairment that substantially limits one or more major life activity (including major bodily functions) or has a record of such an impairment.

Please complete and sign the attached questionnaire and return the form to my attention. If you have questions or need further details, please do not hesitate to contact me. Thank you in advance for your prompt attention to this matter.

Sincerely,

Michael Hicks, M.S.Ed.
ADA Compliance Program Coordinator
Office of Equity and Compliance
Phone: 614.287.2883
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mhicks25@csc.edu

Office of Equity and Compliance

550 East Spring Street • PO Box 1609 • Columbus, Ohio 43216-1609 • csc.edu

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ADA Accommodation Request Assessment Form

Employee or Applicant Name:

Date of Birth (DOB):

In an effort for our office to expedite this request in a timely manner, please return the completed form within 15 business days of the date of this packet.

The above employee has requested a workplace accommodation to assist them in performing the essential functions of their position. For the purpose of equal employment opportunity, a job applicant may request an accommodation to assist in the application, testing and interviewing process. The information requested on this form will assist the Office of Equity and Compliance in making a determination regarding this employee's or applicant's request.

INSTRUCTIONS: The following form must be completed in detail and signed by the employee's or applicant's attending health care provider. Please attach additional pages and/or protected health information (PHI) as deemed relevant to this request. **Only provide information specifically related to the employee's ability to perform their essential job duties.**

For a person currently employed by Columbus State Community College, please review the attached job description to assist in completing this form.

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 employees or their family members. **To comply with this law, Columbus State Community College is asking that you not provide any genetic information when responding to this request for medical information.¹**

¹ **"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.

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For reasonable accommodation under the ADA/ADAAA, an employee or applicant has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee or applicant has a disability:

1. Does the employee or applicant have a physical or mental impairment(s)?

Yes _____ No _____

2. If yes, what is the impairment?

3. What is the expected duration of this impairment?

4. Is the employee able to perform the essential job functions of this position with or without reasonable accommodation? Yes _____ No _____

5. What functional limitation(s) is interfering with job performance, accessing a benefit of employment or engaging in the application and/or interviewing process?

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6. Does the impairment(s) substantially limit a major life activity?

Yes _____ No _____

If yes, please indicate which major life activities are affected. Please check all major life activities that both a) are affected by the impairment(s) and b) restrict or limit the employee's or applicant's ability to perform essential job functions and/or engage in the application and interviewing process.

Major life activities – general life activities:

<input type="checkbox"/> Bending	<input type="checkbox"/> Interacting with others	<input type="checkbox"/> Reaching	<input type="checkbox"/> Standing
<input type="checkbox"/> Breathing	<input type="checkbox"/> Learning	<input type="checkbox"/> Reading	<input type="checkbox"/> Thinking
<input type="checkbox"/> Caring for self	<input type="checkbox"/> Lifting	<input type="checkbox"/> Seeing	<input type="checkbox"/> Walking
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Sitting	<input type="checkbox"/> Working
<input type="checkbox"/> Eating		<input type="checkbox"/> Sleeping	<input type="checkbox"/> Other(s) (describe)
<input type="checkbox"/> Hearing		<input type="checkbox"/> Speaking	

Major life activities – operation of major bodily functions:

<input type="checkbox"/> Bladder	<input type="checkbox"/> Digestive	<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Bowels	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Brain	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Sensory organs & skin
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Hemic	<input type="checkbox"/> Normal cell growth	<input type="checkbox"/> Other(s) (describe)
<input type="checkbox"/> Circulatory	<input type="checkbox"/> Immune	<input type="checkbox"/> Operation of an organ	

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7. How does the employee's or applicant's limitation(s) interfere with his/her ability to perform the essential job function(s), access a benefit of employment or apply for a job without any accommodation?

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:

8. Do you have any suggestions regarding possible accommodation(s) to improve this person's job performance or ability to participate in the employment process?

If so, what are they?

9. How would your suggestions assist in improving the employee's job performance or ability to participate in the employment process at Columbus State?

10. Any additional comments:

Health Care Provider Signature w/ Credentials

Printed Name

Date

License #: _____