Access, Compliance, and Community
4400 University Drive, MS 2C2, Fairfax, Virginia 22030
Phone: 703-993-8730; Fax: 703-993-8899

Medical Certification Form-- Employee Workplace Accommodation

The university has received a request for accommodation under the Americans with Disability Act of 1990 and the ADA Amendments Act of 2008 ("ADA"). This ***Medical Certification Form*** provides a means and context in order for the university to address the employee's request and must be received by the university in order for the employee to move forward in the ADA interactive process for assessment regarding reasonable accommodations within the workplace.

To process this request, the university has requested that the employee enter into discussion with you about any disability or condition and its impact on the employee at present. Your input will allow the university to determine if the employee has an ADA qualifying disability and/or condition as well as what reasonable accommodations may be appropriate in the workplace. Along with a brief description of any/all disabilities or conditions in question 1, please detail if the disability or condition impacts either a major life activity or major bodily function or both in question 2 and 3. You may also provide your recommendation for workplace accommodations in question 4 of this form. In some cases, the employee may be asked to revisit their need with you. If so, an updated medical note will be requested rather than completion of a new form; therefore, the university encourages you to maintain a copy of this completed form for your record.

All employee medical-related information shall be kept confidential and maintained separately from other personnel records and will not be released under a secondary release prohibition. First aid and safety personnel may be informed, when appropriate, should the employee require emergency treatment while at work or if any specific procedures are needed in the case of fire or other evacuations while at work.

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, the university is asking that you **not** provide any genetic information when responding to this request for medical information.

Please return the completed form directly to the ADA Office.

If you have questions or need assistance, please contact:
Rachel Elliott, Deputy ADA Coordinator (ada@gmu.edu)

Mailing Address for ADA Office:
George Mason University - Access, Compliance, and Community
4400 University Drive, MS 2C2
Aquia Building 373
Fairfax, VA 22030

Office: (703) 993-8730
FAX: (703) 993-8899

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Employee Name:	**Position/Unit:**

1.) Describe the (a) nature, (b) severity, and (c) duration of the employee's impairment.

2.) Does the impairment substantially limit a major life activity? Yes ☐ No☐

If yes, check the major life activity or activities that apply:

☐ Bending	☐ Hearing	☐ Reaching	☐ Speaking	☐ Other (describe)
☐ Breathing	☐ Interacting with Others	☐ Reading	☐ Standing	
☐ Caring for Self	☐ Learning	☐ Seeing	☐ Thinking	
☐ Concentrating	☐ Lifting	☐ Sitting	☐ Walking	
☐ Eating	☐ Performing Manual Tasks	☐ Sleeping	☐ Working	

3.) Does the impairment substantially limit a major bodily function? Yes ☐ No ☐

If yes, check the major bodily function or functions that apply:

☐ Bladder	☐ Digestive	☐ Lymphatic	☐ Reproductive
☐ Bowel	☐ Endocrine	☐ Musculoskeletal	☐ Respiratory
☐ Brain	☐ Genitourinary	☐ Neurological	☐ Special Sense Organs & Skin
☐ Cardiovascular	☐ Hemic	☐ Normal Cell Growth	☐ Other: (describe)
☐ Circulatory	☐ Immune	☐ Operation of an Organ	

4.) Having discussed the essential functions of the employee's position with the employee OR having reviewed the position description, describe any/all recommended accommodations AND how the reasonable accommodations will specifically address the employee's ability to perform the essential functions of their position.
5.) Are there any alternative accommodations that may also be feasible (not listed above in answer #4)?
Health Care Provider's Printed Name:
Address:
City: State/Territory: Zip:
Telephone Number:
Signature: Date: