KENNESAW STATE UNIVERSITY
HUMAN RESOURCES

Kennesaw State University

EMPLOYEE ADA MEDICAL CERTIFICATION

IN CONFIDENCE

NOTE: the information sought on this form pertains only to the condition for which the employee is requesting accommodation under the ADA

To be completed by **EMPLOYEE**

Employee Name		**D.O.B.**		**Employee ID**	
Job Title:		**Department:**			

I authorize my medical provider(s) _____ to release the following information from my patient file to Kennesaw State University for the purpose of exploring coverage and reasonable accommodations under the Americans with Disabilities Act (ADA).

Employee Signature:	**Date:**

This authorization shall be valid for a period of 180 days after the date of my signature or earlier if revoked by me in writing to Kennesaw State University. I hereby acknowledge that I have been informed of my right to receive a copy of this authorization request. I further acknowledge that I have been informed that if the medical information contained herein is not released, my reasonable accommodations may be denied.

To Be Completed by **HUMAN RESOURCES**

Please review the essential job functions performed by this employee as outlined in the attached job description.

_____

_____

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To Be Completed by **HEALTHCARE PROVIDER**

☐ **I certify that the employee has a physical, mental, 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			
Lifting or Carrying			
• 10 lbs or less			
• 11 to 25 lbs			
• 26 to 50 lbs			
• 51 to 75 lbs			
• 76 to 100 lbs			
• Over 100 lbs			
Repetitive Use of Hands			
• Right Only			
• Left Only			
• Both			
Simple/Light Grasping			
• Right Only			
• Left Only			
• Both			
Firm/Strong Grasping			
• Right Only			
• Left Only			
• Both			
Fine motor, right hand			
Fine motor, left hand			

Indicate Level of Mental, Emotional, and Sensory Limitations

Pace of Work	☐ Fast ☐ Avg ☐ Below Avg	Reasoning	☐Mild ☐ Moderate ☐Severe
Manage Multiple Priorities	☐Mild ☐ Moderate ☐ Severe	Hearing	☐Mild ☐ Moderate ☐Severe
Intense Customer Interaction	☐Mild ☐ Moderate ☐Severe	Reading	☐Mild ☐ Moderate ☐Severe
Multiple Stimuli	☐Mild ☐ Moderate ☐Severe	Analyzing	☐Mild ☐ Moderate ☐Severe
Frequent Change	☐Mild ☐ Moderate ☐Severe	Verbal Communication	☐Mild ☐ Moderate ☐Severe
Short-term Memory	☐Mild ☐ Moderate ☐Severe	Written Communication	☐Mild ☐ Moderate ☐Severe
Long-term Memory	☐Mild ☐ Moderate ☐Severe	Vision	☐Mild ☐ Moderate ☐Severe
Attention Span	☐Mild ☐ Moderate ☐Severe		

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

1. What limitation(s) in major life activities is/are interfering with this employee's job performance?

2. What essential job function(s) listed in the job description is the employee having trouble performing because of the limitation(s)?

3. How does the employee's limitation(s) in major life activities interfere with his/her ability to perform the essential job functions listed in the attached job analysis?

Section B: Questions to help determine effective accommodation options.

1. Do you have any suggestions regarding possible accommodations to improve job performance? If so, specify in detail:

2. How would your suggestion(s) improve the employee's job performance?

3. Is the disability permanent? Yes/No
If not permanent, how long will the disability likely last?

Comments:

NAME OF PRACTICE: _____ **SPECIALTY:** _____

PHONE NUMBER: _____ **FAX or EMAIL:** _____

NAME OF HEALTHCARE PROVIDER *Please Print*	**SIGNATURE OF HEALTHCARE PROVIDER** *Stamps and Designee Signatures **NOT** Accepted*	**DATE**

It is imperative that Kennesaw State University receive a response to this request for information to assess and address the employee's entitlement to reasonable accommodations. Please **fax this form to 470-578-9174** or mail to the address noted below.

Kennesaw State University – Human Resources
Attention: _____
3391 Town Point Drive NW, MD #9120, Kennesaw, GA 30144

Thank you again for your assistance in this matter. If you have any questions or concerns, please contact Human Resources at 470-578-6030.

ALL INFORMATION PROVIDED IS CONFIDENTIAL AND WILL BE RETAINED IN THE EMPLOYEE'S FILE.