Community College of Philadelphia

REQUEST FOR ACCOMMODATIONS FOR
DISABILITIES AND PREGNANCY PURSUANT TO THE
AMERICANS WITH DISABILITIES ACT AND THE
PREGNANT WORKERS FAIRNESS ACT

To make a determination about the nature of an employee's medical condition (and whether an employee might be considered to be an individual with a disability under the Americans with Disabilities Act (ADA) or pregnant and/or having a pregnancy related medical condition(s) under the Pregnant Workers Fairness Act (PWFA), Community College of Philadelphia requests the following information from the individual and the individual's health care practitioner. This information is treated confidentially, is not kept in the employee's main personnel file, and will be used only by authorized individuals with a direct need to know the information. Please direct any questions you have about this form to the Director of Diversity, Equity & Inclusion and Title IX Coordinator and ADA Coordinator ("DEI Director") at ada@ccp.edu.

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SECTION A (to be completed by employee):

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Name of Employee/Applicant | Position

_____

Department | Name of Supervisor

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SECTION B (to be completed by healthcare practitioner):

_____

NAME OF PATIENT | DATE OF BIRTH

_____

PRESENT ADDRESS | CITY | STATE | ZIP CODE

1. Please state the nature of the employee's disability that supports the request for a reasonable accommodation or if the employee is pregnant or has a pregnancy related medical condition(s) that requires reasonable accommodation, please identify below.

If pregnant, proceed to question 8.

(NOTE: For disability accommodations answer Questions 2-7; and 9-12; for pregnancy accommodations answer Questions 8-12)

2. In your professional judgment, does this individual have a physical impairment that:
"is a physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:

a) neurological
b) musculoskeletal
c) special sense organs
d) respiratory (including speech organs)
e) cardiovascular
f) reproductive
g) digestive
h) genitor-urinary
i) hemic and lymphatic
j) skin
k) endocrine

❒ Yes ❒ No

❒ *If yes*, please explain in detail below.

3. In your professional judgment, does the individual have a mental impairment that meets the definition below?

"{a}ny mental or psychological disorder, such as [intellectual disability], organic brain syndrome, emotional or mental illness, and specific learning disabilities.

❒ Yes ❒ No

If yes, please explain in detail.

_____

4. Under ADA regulations, major life activities are described as being activities that an average person can perform with little or no difficulty. The regulations do not give a comprehensive list but mention the following:

• sitting	• breathing	• seeing
• standing	• performing manual tasks	• hearing
• walking	• lifting	• learning
• speaking	• working	• caring for oneself

In your professional judgment, does this individual have an impairment that limits one or more major life activities according to this definition?

❒ Yes ❒ No

If yes, please describe in detail.

_____

_____

_____

5. The limitation to major life activities must be "substantial" under the regulations. "An individual must be unable to perform, or be significantly limited in the ability to perform the function." There are three factors to consider in determining whether a person's impairment substantially limits a major life activity:

a) The nature and severity of the impairment.

b) How long the impairment will last or is expected to last.

c) The permanent or long-term impact, or expected impact.

In your professional judgment, is the individual's impairment "substantial"?

❒ Yes ❒ No

If yes, explain how the above factors individually or in combination substantially limit the individual in the performance of one or more life activities.

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6. If you believe the individual to have a disability that substantially limits the individual's ability to perform one or more major life functions, in your professional opinion, can the individual perform the essential functions of

the job (based on attached job description), with or without an accommodation?

❒ Yes ❒ No

a) Is an accommodation required to enable the individual to perform the essential functions of the job as described?

❒ Yes ❒ No

b) If accommodation is required, can you suggest or recommend one or more possible reasonable accommodations?

❒ Yes ❒ No

If yes, please state reasonable accommodations. _____

_____

_____

7. a) In your professional judgment, can the individual's medical condition be ameliorated with treatment (e.g., medication, diet, physical therapy, surgical treatment)?

❒ Yes ❒ No

b) *If yes to 8a*, is the individual compliant with your recommended course of treatment?

❒ Yes ❒ No

If no, please explain in detail. _____

_____

8. If the pregnant individual has a known limitation related to pregnancy, childbirth, or related medical condition(s), in your professional opinion, can the individual continue to perform their job (based on attached job description), with or without an accommodation?

❒ Yes ❒ No

9. If accommodation is required for pregnancy, childbirth or related medical conditions, can you suggest or recommend one or more possible reasonable accommodations?

❒ Yes ❒ No

If yes, please state reasonable accommodations.

_____

_____

_____

a) In your professional judgment, does this medical condition or known limitation related to pregnancy, childbirth or related medical condition create impairment that might ordinarily cause the individual to be unable to report to work?

❒ Yes ❒ No

b) *If yes to 10a*, what is a reasonable expectation of the AVERAGE number of days this individual can be expected to miss work:

_____days per month (month = average 22 work days)

_____days per year (year = average 262 work days)

10. In your professional judgment, how long do you anticipate the need for an accommodation to continue?

_____

11. In your professional judgment, is the individual capable of performing the essential functions of the individual's job without direct threat to the health or safety of themselves or others in the workplace?

❒ Yes ❒ No

If no, please explain in detail. _____

_____

Please provide any further information you feel important in making a determination of this person's medical condition, pregnancy, or pregnancy-related conditions.

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GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members with certain exceptions including requests for family medical history to comply with the certification provisions of the FMLA or State or local family and medical leave laws, or pursuant to a policy (even in the absence of requirements of Federal, State, or local leave laws) that permits the use of leave to care for a sick family member and that requires all employees to provide information about the health condition of the family member to substantiate the need for leave. If this exception provision is not applicable in your case, 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.

_____

PRINT NAME DEGREE TELEPHONE

_____

SIGNATURE DATE

STREET ADDRESS CITY/TOWN STATE ZIP CODE

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Please email the completed form to ada@ccp.edu