

Community College *of* Philadelphia

DISABILITY STATUS DETERMINATION

In order 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)), Community College of Philadelphia requests the following information from 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 Lisa Hutcherson, Associate Vice President for Human Resources at (215) 751-8083.

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.

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 | g) digestive |
| b) musculoskeletal | h) genitor-urinary |
| c) special sense organs | i) hemic and lymphatic |
| d) respiratory (including speech organs) | j) skin |
| e) cardiovascular | k) endocrine. ¹ |
| f) reproductive | |

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 mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.¹”

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.¹” 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.

6. If you believe the individual to have a disability that substantially limits his/her 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 7a*, is the individual compliant with your recommended course of treatment?

Yes No

If no, please explain in detail. _____

8. a) In your professional judgment, does this medical condition create impairment that might ordinarily cause the individual to be unable to report to work?

Yes No

b) *If yes to 8a*, 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)

9. a) In your professional judgment, will this medical condition and requested accommodation be permanent?

Yes No

b) *If no to 9a*, how long do you anticipate the need to continue _____

10. In your professional judgment, is the individual capable of performing the essential functions of his or her job without direct threat to the health or safety of others in the workplace?

Yes No

If no, please explain in detail. _____

11. Please provide any further information you feel important in making a determination of this person's medical condition.

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

Please mail or FAX the completed form to the address below.

Lisa Hutcherson
Human Resources Department
Community College of Philadelphia
1700 Spring Garden Street, A7-138
Philadelphia, PA 19130-3991
FAX: 215-972-6307

1 Americans with Disabilities Act of 1990: EEOC Technical Assistance Manual and Resource Directory, 1992. Commerce Clearing House, Inc, Chicago