

Northeastern State University

Office of Human Resources

Employee Medical Certification

The employee listed below has requested a work accommodation. Information requested relates only to the condition for which the employee requests an accommodation under the Americans with Disabilities (ADA) and ADA Amendment Act.

Employee Information	
Last Name	First Name
Department	Campus
Job Title	Date Started in this Position

I authorize my medical provider _____ to release information below from my medical files to Northeastern State University, Office of Human Resources, for evaluation purposes of my request for an ADA reasonable accommodation.

Signature	Date
-----------	------

Medical Provider Information		
Name	Specialization/Type of Practice	
Street Address	City, State, Zip	
Telephone Number	Fax Number	Email Address

Medical Provider Questions																																
Attached is a copy of the employee job description which helps identify the essential functions of the position and includes the physical demands of the work. Please use this information to help in providing the requested information.																																
Does this person have physical or mental impairment that substantially limits one or more major life activities? YES <input type="checkbox"/> NO <input type="checkbox"/>																																
What is the impairment?																																
Is the impairment permanent? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, how long will the impairment last?																																
Which major life activity(s) is (are) affected?																																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Caring for self <input type="checkbox"/></td> <td style="width: 25%;">Walking <input type="checkbox"/></td> <td style="width: 25%;">Hearing <input type="checkbox"/></td> <td style="width: 25%;">Seeing <input type="checkbox"/></td> </tr> <tr> <td>Interacting w/others <input type="checkbox"/></td> <td>Standing <input type="checkbox"/></td> <td>Kneeling <input type="checkbox"/></td> <td>Sleeping <input type="checkbox"/></td> </tr> <tr> <td>Performing manual task <input type="checkbox"/></td> <td>Reaching <input type="checkbox"/></td> <td>Speaking <input type="checkbox"/></td> <td>Concentrating <input type="checkbox"/></td> </tr> <tr> <td>Learning <input type="checkbox"/></td> <td>Sitting <input type="checkbox"/></td> <td>Breathing <input type="checkbox"/></td> <td>Thinking <input type="checkbox"/></td> </tr> <tr> <td>Toileting <input type="checkbox"/></td> <td>Climbing <input type="checkbox"/></td> <td>Working full schedule <input type="checkbox"/></td> <td>Arriving as scheduled <input type="checkbox"/></td> </tr> <tr> <td>Bending <input type="checkbox"/></td> <td>Pushing <input type="checkbox"/></td> <td>Pulling <input type="checkbox"/></td> <td>Kneeling <input type="checkbox"/></td> </tr> <tr> <td>Crouching <input type="checkbox"/></td> <td>Reaching overhead <input type="checkbox"/></td> <td>Grasping <input type="checkbox"/></td> <td>Using fine motor skills <input type="checkbox"/></td> </tr> <tr> <td>Lifting or carrying <input type="checkbox"/></td> <td colspan="3">List limitations in pounds _____</td> </tr> </table>	Caring for self <input type="checkbox"/>	Walking <input type="checkbox"/>	Hearing <input type="checkbox"/>	Seeing <input type="checkbox"/>	Interacting w/others <input type="checkbox"/>	Standing <input type="checkbox"/>	Kneeling <input type="checkbox"/>	Sleeping <input type="checkbox"/>	Performing manual task <input type="checkbox"/>	Reaching <input type="checkbox"/>	Speaking <input type="checkbox"/>	Concentrating <input type="checkbox"/>	Learning <input type="checkbox"/>	Sitting <input type="checkbox"/>	Breathing <input type="checkbox"/>	Thinking <input type="checkbox"/>	Toileting <input type="checkbox"/>	Climbing <input type="checkbox"/>	Working full schedule <input type="checkbox"/>	Arriving as scheduled <input type="checkbox"/>	Bending <input type="checkbox"/>	Pushing <input type="checkbox"/>	Pulling <input type="checkbox"/>	Kneeling <input type="checkbox"/>	Crouching <input type="checkbox"/>	Reaching overhead <input type="checkbox"/>	Grasping <input type="checkbox"/>	Using fine motor skills <input type="checkbox"/>	Lifting or carrying <input type="checkbox"/>	List limitations in pounds _____		
Caring for self <input type="checkbox"/>	Walking <input type="checkbox"/>	Hearing <input type="checkbox"/>	Seeing <input type="checkbox"/>																													
Interacting w/others <input type="checkbox"/>	Standing <input type="checkbox"/>	Kneeling <input type="checkbox"/>	Sleeping <input type="checkbox"/>																													
Performing manual task <input type="checkbox"/>	Reaching <input type="checkbox"/>	Speaking <input type="checkbox"/>	Concentrating <input type="checkbox"/>																													
Learning <input type="checkbox"/>	Sitting <input type="checkbox"/>	Breathing <input type="checkbox"/>	Thinking <input type="checkbox"/>																													
Toileting <input type="checkbox"/>	Climbing <input type="checkbox"/>	Working full schedule <input type="checkbox"/>	Arriving as scheduled <input type="checkbox"/>																													
Bending <input type="checkbox"/>	Pushing <input type="checkbox"/>	Pulling <input type="checkbox"/>	Kneeling <input type="checkbox"/>																													
Crouching <input type="checkbox"/>	Reaching overhead <input type="checkbox"/>	Grasping <input type="checkbox"/>	Using fine motor skills <input type="checkbox"/>																													
Lifting or carrying <input type="checkbox"/>	List limitations in pounds _____																															
Other, please explain.																																
Please describe any suggested accommodation(s) to enable this individual to perform the essential function(s) of the job.																																
Medical Provider Signature																																
Signed	Date																															

Please return the completed form to the employee or mail confidentially to:

Northeastern State University, Office of Human Resources, 601 North Grand Avenue, Tahlequah, OK 74464-2399