



# STATE OF ALASKA Americans with Disabilities Act Accommodation Request

## Health Care Provider Documentation

Employee Name	Position Control Number
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Please return completed form to:

**Note to Health Care Provider:** Attached to this form is a description of duties and responsibilities of the position held by the employee named above. Please answer the following questions regarding the employee's medical condition as it relates to the duties of the position and possible workplace accommodations under the Americans with Disabilities Act (ADA). The employee's signed authorization for the release of medical information is also attached.

**Part A:** These questions help to determine whether the employee has a disability as defined by the ADA.

1. Does the employee have a physical or mental impairment?  Yes  No

A. If yes, what is the impairment?

B. If yes, is the impairment long-term or permanent?  Yes  No

1. If not permanent, how long will the impairment likely last?

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

A. If yes, what major life activity (activities) is (are) affected? (check one or more)

<input type="checkbox"/> Breathing	<input type="checkbox"/> Walking	<input type="checkbox"/> Learning
<input type="checkbox"/> Hearing	<input type="checkbox"/> Reaching	<input type="checkbox"/> Performing Manual Tasks
<input type="checkbox"/> Seeing	<input type="checkbox"/> Lifting	<input type="checkbox"/> Working
<input type="checkbox"/> Speaking	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Reproduction
<input type="checkbox"/> Sitting	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Caring for Self
<input type="checkbox"/> Standing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Toileting
<input type="checkbox"/> Other (please describe):		

B. If yes, how does the impairment substantially limit the major life activity?

3. Does the impairment substantially limit the operation of a major bodily function?

Yes

No

A. If yes, what major bodily function(s) is (are) affected? (check one or more)

Normal Cell Growth

Bladder

Endocrine

Immune

Neurological

Musculoskeletal

Digestive

Respiratory

Cardiovascular

Bowel

Circulatory

Brain

Other (please describe):

**Part B:** If the employee has an ADA qualifying disability noted in Part A, please answer the following questions. These questions help to determine whether a workplace accommodation is needed because of the disability.

1. What limitation(s) is (are) interfering with job performance or accessing a benefit of employment?

2. What job function(s) or benefit(s) of employment is the employee having trouble performing or accessing because of the limitation(s)?

3. How does the employee's limitation(s) interfere with his or her ability to perform the job function(s) or access a benefit of employment?

**Part C:** If the employee has an ADA qualifying disability noted in Part A, please answer the following questions. These questions help to determine effective, reasonable accommodation options.

1. Based on your professional judgment, do you have any suggestions regarding possible workplace accommodations that would allow the employee to perform the functions of the job? If so, what are they?

2. How would your suggestions allow the employee to perform the functions of the job?

3. Comments:

**Part D: Contact Information and Signature**

Health Care Provider Name (printed or typed):	Title	Telephone
Street Address	City, State	

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

Health Care Provider: Please check if you reviewed the attached Position Description.

**Statement Regarding GINA:** 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, except as specifically allowed by this law. To comply with this law, we ask 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.