



MEDICAL CERTIFICATION FORM

ADA Accommodation Request

INSTRUCTIONS FOR COMPLETING THE MEDICAL CERTIFICATION FORM

General Information: Under the Americans with Disabilities Act (ADA), a qualified employee with a disability may request reasonable accommodations by engaging the interactive process with their employer.

During the medical certification process, as applicable, Orange County Government may request medical documentation in support of an employee's disability, any restrictions or barriers the employee may experience as a result of the disability, and any recommendations for potentially effective accommodations.

Employee/Employer Instructions: The employee must provide any requested medical documentation by either: (1) ask their healthcare provider to provide a signed note with the aforementioned information, or (2) submit this form to their healthcare provider to be completed and returned to Orange County Government, Human Resources Division.

In support of the healthcare provider determination of employees disability impact to the performance of the essentials job functions, employee/employer will provide the healthcare provider with employee's job description from the Orange County Government Job Descriptions Repository: [Search Here for Job Descriptions by Job Title or Job Code](#) and the essential physical, cognitive, and environmental factors related to the employee's job can be obtained by contacting MyOCHR at (407) 836-5661.

Orange County Government must generally maintain records of documents relating to medical information, medical certifications, recertifications, or medical histories of employees as confidential medical records in separate files/records form the usual personnel files and in accordance with [29 C.F.R. § 1630.14\(c\)\(1\)](#), if the Americans with Disabilities Act applies, and in accordance with [29 C.F.R. § 1635.9](#), if the Genetic Information Nondiscrimination Act (GINA) applies in accordance with [29 C.F.R. § 1602.12](#).

Healthcare Provider Instructions: In order to assess employee's condition, it is essential that you provide Orange County Government, Human Resources with the medical information in Section II, Part A, B, C, and D, as recommended by the U.S. Department of Labor, **within 15 business days** from the inquiry date. If the employee or an Orange County HR Representative did not provide a statement of the employee's essential job functions or a job description, answer these questions based upon the employee's own description of the essential job functions from Section I, statement (1).

Please, submit the requested information via SecureFax (407) 836-4185 or upload via secure Box using the "UPLOAD FORM" button on the top right of the Medical Certification Form.

For questions or concerns about this form or the medical certification process, please contact your HR representative:

Phone: (407) 836-5661

Email: HumanResources@ocfl.net

Address: Human Resources (ADA Accommodation) 450 East South Street, Orlando FL 32801



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ADA Accommodation Request

SECTION I: EMPLOYEE

Employee Name:	Employee ID:
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Job Title:	Job Description (attached): <input type="checkbox"/> YES <input type="checkbox"/> NO
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Department:	Division:
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Phone:	Email:
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1. Condition(s) which I believe affects my ability to perform the essential functions of my job:

2. Accommodation(s) I am requesting:

I request that the accommodation(s) be: Permanent Temporary until date:

I have attached supporting documents that can be helpful in evaluating this request for accommodation: YES NO

I, _____ by signing this request form, I certify that the information provided is true and correct. If information concerning my request changes, I will contact the HR representative for my Department/Division.

Employee's Signature:	Date:
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ADA Accommodation Request

SECTION II: HEALTHCARE PROVIDER

Date:	Health Care Provider Name:
Health Care Provider Address:	
Employee Name:	Date of Birth:

PART A: Questions to help determine whether an employee has a disability.

For reasonable accommodation under the American with Disabilities Act (ADA), an employee has a disability if they have an impairment that substantially limits one or more major life activities, or a record of such an impairment. The following questions will help determine whether an employee has a disability.

3. Does the employee have physical or mental impairment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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3(a). If YES, what is the impairment or the nature of the impairment?

4. What is your prognosis for the duration of the condition?

Answer the following question based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.



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ADA Accommodation Request

<p>5. Does the impairment substantially limit a major life activity as compared to most people in the general population?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>Note: It does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.</p>	<input type="checkbox"/> OR Describe employee's limitation when the impairment is active
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If YES, what major life activities including major bodily functions are affected?

<input type="checkbox"/> Bending	<input type="checkbox"/> Hearing	<input type="checkbox"/> Reaching	<input type="checkbox"/> Speaking	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Breathing	<input type="checkbox"/> Interacting with others	<input type="checkbox"/> Reading	<input type="checkbox"/> Standing	
<input type="checkbox"/> Caring for self	<input type="checkbox"/> Learning	<input type="checkbox"/> Seeing	<input type="checkbox"/> Thinking	
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Lifting	<input type="checkbox"/> Sitting	<input type="checkbox"/> Walking	
<input type="checkbox"/> Eating	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Working	

Major bodily functions:

<input type="checkbox"/> Bladder	<input type="checkbox"/> Digestive	<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Bowel	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Brain	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Special sense organs & skins
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Hemic	<input type="checkbox"/> Normal cell growth	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Circulatory	<input type="checkbox"/> Immune	<input type="checkbox"/> Operation of an organ	

PART B: Questions to help determine whether accommodation is needed.

An employee with a disability is entitled to accommodation only when the accommodation is needed because of the disability. The following questions will help determine the need for the accommodation requested because of the disability.

Healthcare Provider Acknowledgment of Essential Job Functions:

If provided, the job description may be used to answer these questions in this Section II, Part B, questions 6, 7, and 8. If the employee or Orange County HR Representative did not provide a statement of the employee's essential job functions or a job description, answer these questions based upon the employee's own description of the essential job functions from Section I, statement (1). An employee who must be absent from work to receive medical treatment(s), such as scheduled medical visits, for a serious health condition is considered to be **not able** to perform the essential job functions of the position during the absence for treatment(s)

Due to the condition, the employee was not able / is not able. / will not be able to perform **one or more** of the essential job function(s). Identify at least one essential job function the employee is not able to perform:



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ADA Accommodation Request

6. What limitations are interfering with job performance or accessing a benefit of employment?

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

8. How do the employee's limitations interfere with their ability to perform the job functions or access the benefit of employment?

PART C: Questions to help determine effective reasonable accommodation options.

If an employee needs accommodation because of a disability, the employer must provide reasonable accommodation, unless the accommodation poses an undue hardship. The following questions will help determine effective accommodation.

9. Do you have any recommendations regarding possible accommodation to improve job performance?

YES NO



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ADA Accommodation Request

9(a). If YES, what are they?

10. How would your recommendations improve the employee's job performance?

PART D: Other questions or comments.

Healthcare Provider Signature:

Date:

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 of the individual, except as specifically allowed by this law. To comply with this law, 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.

SECTION III: FOR HUMAN RESOURCES USE ONLY

Healthcare Provider documentation received:

YES NO

Date:

HR Representative Signature:

Date: