

Date: _____

Re: Request for Information in Support of Employee's Request for Accommodation

Dear Healthcare Provider:

_____ is currently employed as a _____ with Yavapai College. _____ has requested an accommodation due to a medical condition. In order to evaluate and respond to this request, we require certain information from a healthcare provider regarding the nature and extent of Employee Name's medical condition.

To facilitate this process, please complete the enclosed form and return it to _____. We have included a copy of the job description to assist you in reviewing the job requirements. Please be sure to complete all parts of the form and provide all of the information requested therein. A note or letter in lieu of specific answers may not provide the information needed to properly evaluate and respond to _____'s request.

Yavapai College Human Resources
928-776-2216
AskHR@yc.edu

Helpful Tips

- If you answer "No" to Question #1, you do not need to complete the rest of the form. The employee will not be entitled to an accommodation under law or company policy.
- Please be as specific as possible when describing the nature of the employee's impairment. However, please do not provide a diagnosis or otherwise identify the employee's medical condition without the employee's consent.
- When answering Question #2, please refer to the enclosed job description. If you have questions about the job description, the essential functions of position, or how those functions relate to the employee's condition, please let us know.
- If a medical release is necessary to discuss your questions with us, let us know and we will work with the employee to obtain one.

**Healthcare Provider Information in Support of Request for Accommodation
by _____ (“Employee”)**

PLEASE NOTE:

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) prohibits employers 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.

1. Does Employee have a mental or physical impairment that substantially limits¹ one or more of Employee’s major life activities²?

Yes No

If you answered No, you do not need to complete the rest of the form. The Employee is not entitled to an accommodation under Yavapai College Policy.

If you answered Yes, please provide the following information:

a. Describe the nature of the impairment: _____

- b. Please list all major life activities that are substantially limited by the Employee’s impairment and describe the limitations.

Major life activities that are substantially limited	Limitation(s) for each substantially limited major life activity
Ex: Lifting and carrying heavy items	Ex: May not lift or carry more than 20 lbs

¹ A “substantial limitation” exists when the individual’s life activity is restricted as to the conditions, manner or duration under which it can be performed in comparison to most people. By way of contrast, for example, a person who can walk for 10 miles continuously is not “substantially limited” in the major life activity of walking merely because, on the 11th mile, he or she begins to experience pain, because most people would not be able to walk 11 miles without experiencing some discomfort.

² A “major life activity” includes caring for his/herself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, interacting with others, or the operation of a major bodily function (such as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, reproductive, cardiovascular, hemic, lymphatic, or musculoskeletal functions)

2. Does Employee's impairment affect his or her ability to perform any of the essential functions of his or her position with the College? Please respond based on your answers above and your review of the attached description of the essential functions of Employee's position with the College.

Yes No

- a. If you answered Yes, please (i) list the essential job functions that are affected by Employee's impairment, (ii) describe the manner in which they are affected, and (iii) provide a description of the accommodations (if any) that would allow the employee to perform the essential job function.

Essential job function(s) impacted by Employee's disability	Manner in which the essential job function is affected by Employee's disability	Accommodations, if any, that would allow Employee to perform essential job function(s)
Ex: Assisting students	Ex:	Ex:

3. In your medical opinion, are there accommodations that could be made that would permit the Employee to perform all the essential functions of his or her position? If yes, please describe the recommended accommodations.

4. If Employee cannot perform the essential functions of his or her position with or without an accommodation³, what type of work, if any, can Employee perform with or without an accommodation? Please be specific.

5. Is the need for an accommodation likely to be temporary or permanent? If temporary, how long do you estimate the need for an accommodation will exist?

³ Please see Appendix 1 for a discussion of "reasonable accommodation".

⁴ Please see Appendix 2 for a discussion of "direct threat".

6. Does the impairment, or any medication to treat it, pose a risk of harm to the health or safety of the Employee, Co-workers, or Third Parties, if the individual attempts to perform all the functions of his or her position?

Yes No

If you answered Yes, please also complete the form included at Appendix 2.

I certify that the above information is provided by me and is true and documented as part of the Employee's medical record.

Provider's business name (Please print)

Provider's phone number

Provider's street address

City, State, Zip code

Specialist's name (Please print)

Professional license or specialty

Signature

Date

Appendix 1

Reasonable Accommodation

it is unlawful for an employer or other covered entity not to make reasonable accommodation to the known physical or mental limitations of an otherwise qualified applicant or employee with a disability, unless such employer or entity can demonstrate that the accommodation would impose an undue hardship on the operation of its business.

It is also unlawful for an employer or other covered entity to deny employment opportunities to an otherwise qualified applicant or employee with a disability based on the need of such employer or entity to make reasonable accommodation to such person's physical or mental impairments.

As used herein, “**reasonable accommodation**” means:

- Modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires;
- Modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified person with a disability to perform the essential functions of that position; or
- Modifications or adjustments that enable a covered entity's employee with a disability to enjoy the same or equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities.

A reasonable accommodation is a change that does not impose an undue burden on the operations of an employer's business and, depending on the circumstances, may include, but is not limited to:

- Making existing facilities used by employees readily accessible to and usable by persons with disabilities; and /or
- Job restructuring; part-time or modified work schedules; reassignment to a vacant position; acquisition or modifications of equipment or devices; appropriate adjustment or modifications of examinations, training materials, or policies; the provision of qualified readers or interpreters; and other similar accommodations for persons with disabilities.

An employee does not have to specifically request a "reasonable accommodation", but must only let the employer know that some adjustment or change is needed to do a job because of limitations caused by a disability.

To determine the appropriate reasonable accommodation, it shall be necessary for an employer or other covered entity to initiate an interactive process, after a request for an accommodation, with the qualified person with a disability in need of the accommodation. This process shall identify the precise limitations resulting from the disability and potential reasonable accommodations that could overcome those limitations.

A qualified person with a disability is not required to accept an accommodation, aid, service, opportunity, or benefit which such qualified person chooses not to accept. However, if such person, after notice by the employer or other covered entity of the possible consequences of rejecting, rejects a reasonable accommodation, aid, service, opportunity, or benefit that enables the person to perform the essential functions of the position held or desired and cannot, as a result of that rejection, perform the essential functions of the position, the person will not be considered a qualified person with a disability.

Appendix 2

Direct Threat

It is unlawful for an employer or other covered entity to discriminate against a person with a disability for reasons related to safety unless the person poses a direct threat to self or others. If a person poses a direct threat, the employer or other covered entity must try to eliminate or reduce the threat to an acceptable level through provision of a reasonable accommodation.

As used herein, "**direct threat**" means a significant risk of substantial harm to the health or safety of the person or others that cannot be eliminated or reduced by reasonable accommodation based upon an individualized assessment. The risk of harm should be identifiable, substantial, current, and probable.

The determination that a person with a disability poses a "direct threat" shall be based on an individualized assessment of the person's present ability to safely perform the essential functions of the job, the person's past and current job history, and reasonable medical judgment that relies on the current medical knowledge or the best available objective or scientific evidence, not speculation, considering the factors defined in "direct threat".

The individualized assessment made by the employer or covered entity shall identify and document the aspect of the disability and specific risk of harm that would pose the direct threat to self or others.

To determine whether an individual poses a direct threat, the following factors should be considered:

- The harm that may result if the person with a disability performed the essential job functions;
- The duration of the risk of harm;
- The nature and severity of the potential harm;
- Whether the harm may be "significantly greater" than if a non-disabled person performed the essential job functions;
- The likelihood that the potential harm will occur;
- The imminence of the potential harm; and
- Whether a reasonable accommodation can eliminate or reduce the risk of harm below the level of direct threat.

The individualized assessment made by the employer or covered entity shall identify and document the aspect of the disability and specific risk of harm that would pose the direct threat to self or others. The belief that a person may pose a direct threat to self or others shall not be based upon subjective perceptions, irrational fears, patronizing attitudes, or stereotypes about the nature and effect of a particular disability or disabilities in general. Generalized fears about risks from the employment environment, such as exacerbation of the disability caused by stress, cannot be used to disqualify a person with a disability.

Example 1: An employee with epilepsy who works with hazardous machinery may not automatically pose a direct threat to self or others. The employer must first make an individualized evaluation taking into account such factors as the type of job; the aspect of the disability and harm it may cause if the employee performed the essential job functions; the duration of the risk of harm; the types of seizures which have occurred; whether there is warning of seizures; the degree of seizure control; the employee's reliability in taking medication; any side effects; whether the harm resulting from the employee's epilepsy is significantly greater than for employees without epilepsy; and possible reasonable accommodations. Persons who have had no seizures because they regularly take medication, or who have sufficient advanced warning of a seizure so that they can stop hazardous activity, would not pose a direct threat to self or others because the risk of harm was not substantial, current, or probable.

Example 2: A person with a history of disabling mental illness cannot be rejected by an employer because of a generalized fear that the work would trigger a relapse of the illness. The mere possibility that a person with a disability may harm the health or safety of self or others is insufficient to establish a direct threat because the risk of harm is not identifiable, substantial, current, or probable.

If you answered “yes” to Question 6, please provide the following information so that we may make the individualized assessment(s) required by law.

Direct Threat 1:

Specify the essential job function that, when performed by Employee, may pose a direct threat to the Employee or others	
Specify and describe the harm that may result if Employee performs this job function	
Specify the duration of the risk of harm	
Specify the likelihood that the harm will occur while employee is performing this job function	
Explain what, if anything, will eliminate or reduce the risk of harm to an reasonably acceptable level	

Direct Threat 2:

Specify the essential job function that, when performed by Employee, may pose a direct threat to the Employee or others	
Specify and describe the harm that may result if Employee performs this job function	
Specify the duration of the risk of harm	
Specify the likelihood that the harm will occur while employee is performing this job function	
Explain what, if anything, will eliminate or reduce the risk of harm to an reasonably acceptable level	

[Please continue on another page if necessary]