

Request for Disability Accommodation Form

Oakland Community College provides reasonable accommodation to individuals with disabilities as required by the Americans with Disabilities Act (ADA), upon request of the individual.

Please complete this form to request any type of accommodation for a physical or mental disability. Attach applicable medical documentation.

Oakland Community College considers the following requests:

- For accommodations required to ensure equal opportunity in the hiring process.
- For accommodations that enable employees with disabilities to perform the essential functions of their job.
- For accommodations that enable employees with disabilities equal benefits and privileges of employment.

All information relating to requests for disability accommodation will be maintained by Human Resources, and are considered confidential medical records. As such, they will only be accessible to supervisors or managers, first aid personnel and government officials (regarding compliance with ADA, FMLA or other applicable laws) on a need-to-know basis.

NOTE: Oakland Community College may require additional medical certification or information.

Employee Name

Date of Request

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Employment Status: Applicant Employee

Current Position and Department OR Position(s) Applied For

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Name of Direct Supervisor (for current employees only)

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Describe your disability (attach any available medical documentation):

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Describe the aspect of your disability that requires accommodation:

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Explain the accommodation you are requesting (actions, changes, equipment, etc.):

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Detail any resources you have, can access, or are aware of which would provide the requested accommodation:

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If medical documentation is not attached, please complete the following:

Name, Phone or Address of Primary Medical Practitioner or Physician

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Name, Phone or Address of Medical Specialist (if applicable)

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My signature constitutes permission for Oakland Community College to contact the medical practitioner(s) listed above to release information applicable to my request for accommodation. I agree to complete any additional authorization forms required by the medical practitioner(s) for release of information. I certify that the information provided in this document is true to the best of my knowledge.

Employee Signature

Date

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Please attach additional pages if necessary. Please contact Human Resources with questions, and return this form to Human Resources upon completion.

INSTRUCTIONS FOR COMPLETING THE MEDICAL CERTIFICATION FORM

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 interactive process, if appropriate, an employer 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 suggestions for potentially effective accommodations. This documentation must be provided by the employee. To provide this documentation, an employee may 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 their employer.

NOTE to Employers: An employee need not complete this form. An employee may provide the necessary medical documentation in the form of a healthcare provider note.

Upon receipt of a healthcare provider note or this completed form, employers must ensure that the documentation is kept in a secure file that is separate from the employee's personnel records.

For questions or concerns about this form or the interactive process, please contact your HR representative at hr@oaklandcc.edu or 248.341.2029.

**OAKLAND COMMUNITY COLLEGE'S
ADA ACCOMMODATIONS
REQUEST FOR MEDICAL CERTIFICATION**

The following Oakland Community College employee has requested accommodation(s) under the Americans with Disabilities Act (ADA):

Employee's Name: _____

In order to assist with the interactive process, we are requesting your responses to the following questions based on your medical expertise and treatment of the aforementioned employee.

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

Under the ADA, an employee has a disability if they have a physical or mental impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, what is the impairment or the nature of the impairment?

Answer the following question based on what limitations the employee has when their 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.

Does the impairment substantially limit a major life activity (including major bodily functions) as compared to most people in the general population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Note: 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>	<p>OR</p> <p>Describe the employee's limitations when the impairment is active.</p>	

If yes, what major life activity(s) (includes major bodily functions) is/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 & Skin |
| <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 | |

B. Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether an accommodation is needed because of the disability:

What limitation(s) is interfering with the employee's job performance or accessing a benefit of employment?

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

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

C. Questions to help determine effective accommodation options.

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

Do you have any suggestions regarding possible accommodations to improve job performance?

If so, what are they?

How would your suggestions improve the employee's job performance

D. Other questions or comments.

Medical Professional's 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.