



Medical Certification for Employee Accommodation

We have received notice from you and/or your qualified professional indicating that you have a condition that requires an accommodation in the workplace. To process this request, additional information is needed from the treating qualified professional. Please review your position or job description or faculty contract description and/or job responsibilities with your qualified professional. The qualified professional must complete this certification and return it to the [ADA Office](#) in order for your request to be evaluated.

All medical-related information shall be kept confidential and maintained separately from other personnel records. However, supervisors and managers may be advised of information necessary for the ADA Office to gather information in order to make the determinations in connection with a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations.

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.

If you have any questions or concerns, please contact:

Megan Buxton, J.D. (Interim ADA/504 Coordinator)
720 S.W. 2nd Ave
Suite 106
Gainesville, FL 32601
Email: adaservices@ufl.edu
Phone: 352-294-8720
TTY: 1-800-955-8771
Fax: 352-392-5268



ADA MEDICAL CERTIFICATION FORM

Employee Name:	Employee Position:
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1). Describe the (a) nature, (b) severity, and (c) duration of the employee's impairment.

2). Describe the major life activity or activities the impairment limits (i.e. walking, breathing, seeing, etc.).

3). Describe how this condition limits the employee's ability to perform the essential functions of the job. Using the Employee Work Profile (job description) or Faculty Work Plan (job description), identify the essential functions affected and how the medical condition impairs the employee in each instance.

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4). Describe the accommodation requested and why the requested accommodation is needed.

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5). Are there any alternative accommodations that may also be feasible (not listed in #4)?

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Qualified Professional Printed Name:

Address:

City:

State:

Zip:

Telephone Number:

Signature:

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