

**GRAMBLING STATE UNIVERSITY
AMERICANS WITH DISABILITIES ACT
MEDICAL CONDITION
STATUS DETERMINATION**

In order to make a determination about the nature of an employee’s medical condition (and whether an employee might be considered to be an individual with a disability under the Americans with Disabilities Act (ADA), Grambling State University requests the following information from the individual’s health care practitioner. This information is treated confidentially, is not kept in the employee’s main personnel file, and will be used only by authorized individuals with a direct need to know the information. Please direct any questions you have about this form to Beverly Crawford, Equal Employment Opportunity (EEO) Officer/ at (318) 274-2660 or crawfordb@gram.edu .

NAME OF PATIENT	DATE OF BIRTH	#G NUMBER
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PRESENT ADDRESS	CITY	STATE	ZIP CODE
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1. Please state the diagnosis and briefly describe the medical facts that support your certification.

a) When did symptoms first appear? _____

b) Subjective Symptoms:

2. In your professional judgment, does this individual have a physical impairment that:

“is a physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:

- a) Neurological
- b) Musculoskeletal
- c) Special sense organs
- d) Respiratory (including speech organs)
- e) Cardiovascular
- f) Reproductive

- g) Digestive
- h) Genitourinary
- i) Hemic and lymphatic
- j) Skin
- k) Endocrine. ¹

Yes No

If yes, please explain in detail below.

3. In your professional judgment, does the individual have a mental impairment that meets the definition below?

“Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.”¹

Yes No

If yes, please explain in detail.

4. Under ADA regulations, major life activities are described as being activities that an average person can perform with little or no difficulty. The regulations do not give a comprehensive list but mention the following:

- | | | |
|------------|---------------------------|----------------------|
| • sitting | • breathing | • seeing |
| • standing | • performing manual tasks | • hearing |
| • walking | • lifting | • learning |
| • speaking | • working | • caring for oneself |

In your professional judgment, does this individual have an impairment that limits one or more major life activities according to this definition?

Yes No

If yes, please describe in detail.

5. The limitation to major life activities must be “substantial” under the regulations. An “individual must be unable to perform, or be significantly limited in the ability to perform the function.”^{1”} There are three factors to consider in determining whether a person’s impairment substantially limits a major life activity:

- a) The nature and severity of the impairment.
- b) How long the impairment will last or is expected to last.
- c) The permanent or long term impact, or expected impact.

In your professional judgment, is the individual’s impairment “substantial”?

Yes No

If yes, explain how the above factors individually or in combination substantially limit the individual in the performance of one or more life activities.

6. If you believe the individual to have a disability that substantially limits his/her ability to perform one or more major life functions, in your professional opinion, can the individual perform the essential functions of the job (based on attached job description), with or without an accommodation?

Yes No

a) Is an accommodation required to enable the individual to perform the essential functions of the job as described?

Yes No

b) If accommodation is required, can you suggest or recommend one or more possible reasonable accommodations?

Yes No

If yes, please state reasonable accommodations.

7. a) In your professional judgment, can the individual's medical condition be ameliorated with treatment (e.g., medication, diet, physical therapy, surgical treatment)?

Yes No

b) *If yes to 7a*, is the individual compliant with your recommended course of treatment?

Yes No

If no, please explain in detail.

8. a) In your professional judgment, does this medical condition create impairment that might ordinarily cause the individual to be unable to report to work?

Yes No

If yes to 8a, what is a reasonable expectation of the AVERAGE number of days this individual can be expected to miss work:

_____ days per month (month = 22 work days)

_____ days per year (year = 262 work days)

9. In your professional judgment, is the individual capable of performing the essential functions of his or her job without direct threat to the health or safety of others in the workplace?

Yes No

If no, please explain in detail.

10. Please provide any further information you feel important in making a determination of this person's medical condition.

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PRINT NAME (Primary Health Care Practitioner)	DEGREE	TELEPHONE	
SIGNATURE	DATE		
STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE

**Please mail the completed form to the Equal Employment Opportunity (EEO)
Officer at the address below:**

**Grambling State University
403 Main St.
GSU Box 4233
Grambling, LA 71245**

1 Americans with Disabilities Act of 1990: <http://www.eeoc.gov/laws/ada.html>