



Purpose: This form is to be given to your healthcare provider to complete and sign.

Employee Information

Name: Click here to enter text.

Employee ID:

Position: Click here to enter text.

Telephone Number: Click here to enter text.

Mobile Number:

Work Location: ☐ District Office ☐ CGCC ☐ EMCC ☐ GWCC ☐ GCC ☐ MCC ☐
PVCC ☐ PC ☐ RSC ☐ SCC ☐ SMCC

Date of Examination: Click here to enter text.

Questions to Help Determine Appropriate and Reasonable Accommodation

For reasonable accommodation under the Americans with Disabilities Act (ADA), an employee has a disability if he or she has an impairment that limits one or more major life activities or a record of such impairment.

The following questions may help determine whether an employee has a disability.

FOR LONG-COVID AND RELATED ACCOMODATION REQUESTS, please go directly to page 4:

1. Does the employee have a physical or mental impairment that limits his/her ability to engage in a major life activity, including but not limited to, the ability to work, care for him/herself, perform manual tasks, walk, see, hear, eat, sleep or engage in social activities?

YES ☐ the employee has a PHYSICAL and/or MENTAL impairment that limits his/her ability to engage in a major life activity.

NO ☐ the employee does not have a physical or mental impairment that limits his/her ability to engage in a major life activity.

2. If the answer to question number 1 is yes, please describe the disability and to what degree it limits a major life activity.

3. If the answer to question number 1 is yes, how does the disability currently limit the employee's ability to perform the essential functions of their position? [Click here to enter text.](#) **(See attached job description.)**

4. Is this disability permanent? **YES** ☐ **NO** ☐

If temporary, what is the estimated end date? _____

5. Are there any work restriction(s) or functional limitations that the employee's disability produces that are in need of accommodation? **YES** ☐ **NO** ☐

6. If yes, are the restrictions permanent, or temporary?

☐ Restrictions are **PERMANENT**

☐ Restrictions are **TEMPORARY** through this date _____ .

Note: The Pregnant Workers Fairness Act (PWFA) went into effect on June 27, 2023, requiring that employers provide "reasonable accommodations" to pregnant workers from pregnancy through the postpartum period. If your patient's accommodation is related to pregnancy, please complete numbers 7 through numbers 11.

7. Please list all necessary work restrictions with sufficient detail so all parties will understand how to interpret and apply them: Please be as specific as possible (e.g., if providing a restriction to standing, how many minutes before the employee would need to sit, etc.).

List all physical activity restrictions:

☐ No repetitive lifting/carrying of [Click here to enter text.](#) pounds or more

☐ No lifting or carrying of [Click here to enter text.](#) pounds or more

☐ No repetitive pushing/pulling of [Click here to enter text.](#) pounds or more

☐ No pushing/pulling of [Click here to enter text.](#) pounds or more

☐ No at or above shoulder level reaching greater than [Click here to enter text.](#) seconds/minute

☐ No repetitive bending/stooping greater than [Click here to enter text.](#) times/row

- ☐ No repetitive keyboarding in excess of Click here to enter text. minutes per hour
- ☐ No prolonged walking in excess of Click here to enter text. minutes
- ☐ No repetitive squatting/kneeling greater than Click here to enter text. times/row
- ☐ No prolonged standing in excess of Click here to enter text. minutes
- ☐ No prolonged sitting in excess of Click here to enter text. Minutes
- ☐ No running
- ☐ No jumping
- ☐ No climbing
- ☐ Other (Please be specific):

8. Please explain or provide additional clarification regarding the restrictions checked above, if needed.

9. If you are recommending an accommodation of **Remote Work (work from home)**, please provide additional alternative accommodation recommendations below should remote work not be available.

1. What alternatives to remote work are you recommending?

2. May this employee come onsite for any reason; such as office hours, committee work, attending on campus events/graduation?

3. May this employee travel for professional growth/training/business reasons or other events.

10. Will additional leave allow the employee to return to his/her position? **YES** ☐ **NO** ☐

11. If you are recommending leave, when in the future is the employee likely to be able to return to his/her position?

USE THIS SECTION FOR LONG COVID PANDEMIC, OTHER HIGH-RISK MEDICAL CONDITIONS AND RELATED ACCOMODATIONS:

According to the CDC, a person's risk of severe illness from Long-COVID or other major viruses increases as the number of underlying medical conditions they have increases. This includes many [people with disabilities or high risk medical conditions](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html).
(<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>)

1. Does this patient have a high-risk condition as described by the CDC? YES ☐ NO ☐
2. Does the employee have a physical or mental impairment, that limits his/her ability to engage in a major life activity due to Long COVID or other major viruses?

YES ☐ the employee has a PHYSICAL and/or MENTAL impairment that limits his/her ability to engage in a major life activity.

NO ☐ the employee does not have a physical or mental impairment that limits his/her ability to engage in a major life activity.

3. If the answer to question number 2 is yes, describe the disability or condition. How is it impacted by Long COVID or other chronic condition(s)?
4. How does the employee's underlying health condition currently limit the employee's ability to perform the essential functions of their position at the worksite? Click here to enter text. (See [attached job description.](#))

5. Are you recommending Long COVID or chronic condition related accommodations?

☐ **YES** ☐ **NO**

Please explain:

6. When will the employee no longer need Long COVID or chronic condition related accommodations?

Completed by (Print Name):

Licensed Health Care Provider's Signature:

Arizona Health Care License Number:

Date Completed:

PLEASE RETURN A COPY OF THIS FORM VIA FAX DIRECTLY TO THE HR SOLUTIONS CENTER (HRSC): 480-731-8450 OR EMAIL TO ADASupport@domail.maricopa.edu

All medical information shared with the Maricopa County College District (MCCCD) through the ADA/ADAAA and/or reasonable accommodation process will be maintained separate from personnel files and confidential in accordance with State and Federal requirements.

The Maricopa County Community College District does not discriminate on the basis of disability. Requests for alternate formats can be made by contacting the HR Solutions Center as follows:

Address: 2411 West 14th Street Tempe, AZ 85281-6942
Telephone: 480-731-8777
Email: ADASupport@domail.maricopa.edu

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by Title II of GINA 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 the 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.