

BAYLOR UNIVERSITY
Americans with Disabilities Act (ADA)
Employee Accommodation Medical Certification Form
BU-PP 415b

SECTION II (cont.): For Completion by the HEALTH CARE PROVIDER

1. Does the employee have a physical or mental impairment? _____ Yes _____ No
2. Please describe the employee's medical condition.

3. When did the medical condition begin?

4. How long is it expected to last?

5. Please describe the major life activities (e.g., breathing, eating, sleeping, walking, talking, manual tasks, etc.) that are substantially limited by the medical condition or accompanying treatment.

- 6a. Please review the attached job description. (If no job description is attached, please discuss the position with the employee to determine essential job duties and typical schedule.) Is the employee able to perform the essential functions of this position in a typical schedule with, or without, reasonable accommodation?
_____ Yes, with reasonable accommodation _____ Yes, without reasonable accommodation
_____ No, they are unable to perform their essential job functions with or without accommodation.
- 6b. If No, how long will the employee remain unable to perform these job functions?
_____ # of weeks _____ # of months _____ permanently.
- 6c. If Yes, what adjustments to the work environment or position responsibilities would enable the employee to perform these job functions?

- 6d. If Yes, how long will the employee need the reasonable accommodation to perform these job functions?
_____ # of weeks _____ # of months _____ permanently.
7. Additional Comments or Suggestions:

Healthcare Provider Signature: _____ **Date:** ____/____/____

When form is complete, please either: Mail to Baylor University, Human Resources, One Bear Place #97053, Waco, TX 76798-7053;
Fax to (254) 710-3819; or Email to askHR@baylor.edu

If you have questions, please contact: (254) 710-2000 or askHR@baylor.edu