

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

**SECTION I: For Completion by the EMPLOYEE**

Your Name: \_\_\_\_\_  
                    First  MI  Last  BU ID Number

Your Job Title: \_\_\_\_\_

Your Regular Work Schedule: \_\_\_\_\_

**\* If you are Staff, please attach a copy of your official Baylor Job Description to the back of this document. You can request a copy of your job description from your supervisor or department leadership.**

**SECTION II: For Completion by the HEALTH CARE PROVIDER**

**Instructions to the Physician**

A request for a reasonable accommodation has been made by our employee, \_\_\_\_\_.  
In order to assist with the interactive process, we are requesting you to provide feedback to the following questions based on your medical expertise. Please answer the questions on this form to help determine disability and reasonable accommodation.

**Background**

An employee has a disability if he or she has an impairment that substantially limits one or more major life activities, or has a record of such an impairment. "Substantially limits" under the ADA has been broadened to allow someone with an impairment to be "regarded as" having a disability, even without the perception that the impairment limits a major life activity, provided that the impairment does not have an actual or expected duration less than or equal to six months.

The Americans with Disabilities Act (ADA) provides examples of "major life activities," including "caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of a major bodily function, such as functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions."

Provider Name (please print): \_\_\_\_\_

Type of Practice / Medical Specialty: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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