



ADA Medical Certification Form

This medical certification is meant to facilitate documentation of physical or mental disabilities and should be completed by the KSU employee and his/her Physician. Please attach and sign additional pages that might clarify this request for accommodation.

Part I: To be Completed by the Employee

Employee Name: _____ Department: _____

Job Title: _____

I give authorization for my physician to release medical information to Kennesaw State University Human Resources for the purpose of determining qualification and reasonable accommodation under the Americans with Disabilities Act.

Employee Signature: _____ Date: _____

Part II. Medical Certification: To be Completed by Employee's Physician

Section A

1. Does the employee have a physical or mental impairment? YES NO
2. If yes, please describe the physical or mental impairment.

3. Is the impairment permanent? YES NO

4. If not permanent, how long will the impairment likely last? _____

5. Is this a condition which:
- a. Requires periodic visits for treatment by a health care provider? YES NO
 - b. Continues over an extended period of time? YES NO
 - c. May cause episodic rather than a continuing period of incapacity? YES NO

6. Is the patient taking medications or treatments that would be expected to affect job performance that would pose a direct threat or safety risk? YES NO
- If yes, explain:

7. What Activity or Activities does the impairment limit?

8. Additional Comments or Requirements in regards to the impairment:

Section B: Please indicate the life function affected and the limitations of the employee ONLY if applicable:

Physical Activity	Mild Limitation	Moderate Limitation	Severe Limitation
Sitting			
Standing			
Walking			
Bending Over			
Climbing			
Reaching Overhead			
Kneeling			
Pushing & Pulling			
Crouching/Stooping			
Lifting or Carrying			
• 10 lbs or less			
• 11 to 25 lbs			
• 26 to 50 lbs			
• 51 to 75 lbs			
• 76 to 100 lbs			
• Over 100 lbs			
Repetitive Use of Hands			
• Right Only			
• Left Only			
• Both			
Simple/Light Grasping			
• Right Only			
• Left Only			
• Both			
Firm/Strong Grasping			
• Right Only			
• Left Only			
• Both			
Fine motor, right hand			
Fine motor, left hand			
Indicate Level of Mental Emotional, and Sensory Limitations, if applicable			
Pace of Work	†Fast†Avg†Below Avg	Reasoning	†Mild†Moderate†Severe
Manage Multiple Priorities	†Mild†Moderate†Severe	Hearing	†Mild†Moderate†Severe
Intense Customer Interaction	†Mild†Moderate†Severe	Reading	†Mild†Moderate†Severe
Multiple Stimuli	†Mild†Moderate†Severe	Analyzing	†Mild†Moderate†Severe
Frequent Change	†Mild†Moderate†Severe	Verbal Communication	†Mild†Moderate†Severe
Short-term Memory	†Mild†Moderate†Severe	Written Communication	†Mild†Moderate†Severe
Long-term Memory	†Mild†Moderate†Severe	Vision	†Mild†Moderate†Severe
Attention Span	†Mild†Moderate†Severe		

Section C: Please refer to Employee's Job Description when answering the questions below:

<p>1. Would the employee be able to perform the essential job functions listed in his/her job description with or without accommodation?</p> <p>2. If specific equipment may be needed in order for the employee to perform the essential functions of the job, please list what equipment might be needed:</p>
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Physician Name:	
Physician Address:	
Physician Phone Number:	
Physician's Signature:	

Please return form to:
Kennesaw State University
Attn: Human Resources, MD 9120
3391 Town Point Dr. NW
Kennesaw, GA 30144
Phone: 470-578-6030
Fax: 470-578-6570