

UNIVERSITY OF NORTHERN COLORADO  
ADA ACCOMMODATIONS  
REQUEST FOR MEDICAL CERTIFICATION

The following University of Northern Colorado employee has requested accommodation(s) under the Americans with Disabilities Act (ADA):

Employee's Name: \_\_\_\_\_ Bear Number: \_\_\_\_\_

Instructions to Department/Institution: Attach the job duty statements from the official Position Description Questionnaire (PDQ). This completed form is to be placed in a separate, confidential medical file with limited access from the usual personnel files for Family Medical Leave Act (FMLA) purposes and in accordance with 29 C.F.R

If yes, what major life activity(s) (includes major bodily functions) is/are affected?

... Bending

... Hearing

... Breathing

...

... Caring For Self

... Concentrating

... Eating

Do you have any suggestions regarding possible accommodations to improve job performance?

If so, what are they?

How would your suggestions improve the employee's job performance

D. Other questions or comments .

Instructions to Health Care Provider: Please complete this form when the employee is seeking your release to return to work. Do not provide information about genetic tests, as defined in 29 C.F.R 1635.3(f), genetic services, as defined in 29 C.F.R. 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. 1635.3(b). Please be sure to sign the back of this form and return to the employee.