

This medical certification is meant to facilitate documentation of physical or mental disabilities and should be completed by the DCC 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 Dutchess County Community College Office of Human Resources for the purpose of determining qualification and reasonable accommodation under the Americans with Disabilities Act.

Employee Signature: _____ Date: _____

To be granted protection under ADA, an individual must have a disability as defined by the ADA. The ADA defines an individual with a disability as a person who:

*1) Has a physical or mental impairment that substantially limits one or more major life activities;
2) Has a record of such an impairment; 3) Is regarded as having an impairment. In addition, the employee must be able to perform the essential functions of the job with or without an accommodation and have the requisite skills, experience, and education and meet other job-related requirements. "Substantially limits" under the ADAAA 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 ADAAA 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 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."*

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. Does the impairment affect a major life activity? YES NO

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

Physical Activity	Mild Limitation	Moderate Limitation	Severe Limitation
Standing			
Walking			
Bending Over			
Climbing			
Reaching Overhead			
Kneeling			
Crouching /Stooping			
Pushing/Pulling			
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			
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			

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:

1. What limitation(s) in major life activities is/are interfering with this employee’s job performance?

2. What essential job functions(s) listed in the job analysis is the employee having trouble performing because of the limitation(s)?

3. How does the employee’s limitation(s) in major life activities interfere with his/her ability to perform the essential job functions listed in his/her job description?

Physician Name:	
Physician Address:	
Physician Phone Number:	
Physician’s Signature:	

Please return form to:
Dutchess Community College
Attn: Director of Human Resources, Bowne 220A
53 Pendell Road
Poughkeepsie, NY 12601
Tel 845-431-8673
Fax 845-431-8595