ADA Accommodation Request for Returning to Work with Medical Restrictions
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Employees returning to work from FMLA, Workers’ Compensation, Short Term Disability or Long Term Disability with medical restrictions must request an ADA accommodation. **If you do not have any medical restrictions upon returning to work, you do not require an ADA accommodation.**

For any questions or concern regarding Returning to Work with any medical restrictions or Long Term Disability Working accommodations please contact:

- Gloria Hartley
  ADA Accommodation Specialist
  ghartley@vt.edu
  540-231-9751

For questions or concerns regarding Family Medical Leave Act (FMLA) or The Standard Long Term Disability please contact:

- Jackie Reid
  jackier@vt.edu
  Senior Leave Analyst
  540-231-7004

For questions or concerns regarding Leave please contact:

- Rebecca Hubble
  Leave Programs Manager
  rmhubble@vt.edu
  540-231-5304

**Short Term Disability or Reed Group Long Term Disability**

To file or extend a Short Term Disability claim contact please call:

- The Reed Group
  1-877-928-7021

Employee last name A-L, with questions regarding STD or LTD you may contact:

- Morgan Wall
  Leave Analyst
  Morgls4@vt.edu
  540-231-1237

Employee last name M-Z, with questions regarding STD or LTD you may contact:

- Amy Linkous
  Leave Analyst
  amyrl@vt.edu
  540-231-8913

For questions or concerns regarding Workers’ Compensation please contact:

- Teresa Lyons
  Workers Compensation and Insurance Claims Manager
  Lyons@vt.edu
  540-231-3463
What is ADA and Accessibility Services?
Virginia Tech is committed to equal opportunity in employment and education for individuals with disabilities and complies with the Americans with Disabilities Act, as amended, and Section 504 of the Rehabilitation Act of 1973. The director for ADA and Accessibility Services, Pamela G. Vickers, serves as the university’s ADA coordinator, providing oversight of the employment accommodation process, physical accessibility, and programmatic accessibility for employees, students, and visitors. ADA and Accessibility Services consults with colleges and departments both on and off campus to ensure equal opportunity for individuals with disabilities. Employees with disabilities may be entitled to reasonable accommodations under Title I of the Americans with Disabilities Act. Employees should direct requests for accommodation directly to ADA and Accessibility Services and/or to their supervisor.

What is the Americans with Disabilities Act, as amended?
The Act provides protection from discrimination for individuals on the basis of disability. The Americans with Disabilities Act extends civil rights protection for people with disabilities to employment in the public and private sectors, transportation, public accommodations, services provided by state and local government, and telecommunications services. In addition to physical accessibility, the Americans with Disabilities Act mandates programmatic accessibility including electronic media and web pages.

According to the Americans with Disabilities Act, an “individual with a disability” is defined as a qualified individual who has a physical or mental impairment that substantially limits one or more major life activities; or has a record of such an impairment; or is regarded as having such an impairment.

What is University Policy 4075?
University Policy 4075 provides guidelines to the university community to assure compliance with the Americans with Disabilities Act of 1990 (ADA) (as amended) and the Rehabilitation Act of 1973 (as amended). An individual may request assistance or reasonable accommodation by contacting ADAAS or SSD as appropriate. Additionally, if an individual communicates to a supervisor or faculty/staff member that a physical or mental condition may be interfering with his or her ability to gain access to or function in the university environment, the supervisor or faculty/staff member should promptly refer the individual to ADAAS or SSD to discuss possible accommodation. It is not necessary for the individual specifically to use the terms “disability” or “accommodation.” To read University Policy 4075 please visit https://policies.vt.edu/4075.pdf.

Formal complaints of discrimination and possible violations of the Americans with Disabilities Act can be filed with the Office for Equity and Accessibility at equityandaccess@vt.edu.

What are the employee’s responsibilities when requesting an accommodation?
1. Engage in the interactive process with ADA and Accessibility Services.
2. Obtain relevant medical documentation from the medical provider and providing the medical documentation to ADA and Accessibility Services.
3. Must be able to perform all the essential functions of their position with or without reasonable accommodation.
4. Adhere to the accommodation authorized through the interactive process.
5. Provide ADA & Accessibility Services with an updated Medical Information Request form if there is a need to renew a temporarily authorized accommodation or review a current accommodation.
6. Notify ADA & Accessibility Services if the authorized accommodation is not effective.
7. Notify ADA & Accessibility Services if the authorized accommodation is no longer needed.
8. Notify ADA & Accessibility Services if there is a change to their supervisor or position.
ADA and Accessibility Services
Authorization to Receive Medical Information from Treatting Health Care Professional

This form will be used by Virginia Polytechnic Institute and State University ADA and Accessibility Services to determine whether this employee qualifies for accommodations under the Americans with Disabilities Act.

(To be completed by Virginia Tech Employee)

Name of Employee

Hokie ID No. DOB Ph. No.

Position Email Address

Mailing Address

Supervisor Dept.

I give ADA and Accessibility Services at Virginia Polytechnic Institute and State University permission to receive information and/or contact the following treating professional.

Name of Treating Health Care Professional

Name of Practice

Address City St

Zip Phone Fax

GINA Notice: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information”, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

• I understand the reason for this contact is to advise ADA and Accessibility Services at Virginia Tech as to my functional abilities and limitations with regards to my job functions.

• I understand that ADA and Accessibility Services may provide the above listed professional with specific information about my job position, including the essential functions of my job, and specific requirements. All medical information will be maintained and used in accordance with ADA confidentiality requirements.

(Employee Signature) (Date)

PLEASE EMAIL, MAIL, OR FAX THIS COMPLETED FORM TO:
ADA and Accessibility Services Attn: Accommodation Fax # 540-231-2990 adaaccess@vt.edu
Dear Treating Professional,

A Virginia Polytechnic Institute and State University employee, whom we understand is one of your patients, is seeking workplace accommodations under the Americans with Disabilities Act (ADA), as amended.

Under the ADA, an “individual with a disability” is an individual with a physical or mental impairment that substantially limits one or more major life activities. This definition includes, but is not limited to the following: walking – speaking - breathing – hearing – seeing – working – standing – reaching – sleeping – learning –memory – thinking – sitting – lifting – concentration - caring for oneself - performing manual tasks - interacting with others.

Examples of impairments that could be considered to be disabilities include but are not limited to the following: mobility impairments, psychological disorders, learning disabilities, chronic health impairments, seizure disorder, epilepsy, diabetes, arthritis, cancer, musculoskeletal, and HIV/AIDS.

The purpose of a reasonable accommodation is to assist an employee with carrying out the essential functions of their job. Virginia Tech provides reasonable accommodations to qualified individuals under the ADA barring undue hardship to the university. Examples of accommodations may include but are not limited to the following: adjustments in the (physical) work environment, assistive technology, modified work schedules, and/or equipment/devices. Please complete, sign and return the attached Medical Information Request Form at your earliest convenience. Please contact my office if you have any questions.

Sincerely,

Pamela G. Vickers, Ed. S., P.A.
Director ADA and Accessibility Services
Office of Equity & Accessibility
adaacces@vt.edu
540-231-4263
ADA and Accessibility Services

Authorization to Receive Medical Information from
Treating Health Care Professional

This form will be used by Virginia Polytechnic Institute and State University ADA and Accessibility Services to determine whether this employee qualifies for accommodations under the Americans with Disabilities Act.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information”, as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

(To be completed by Virginia Tech Employee prior to sending form to Treating Medical Provider)

Name of Employee
Hokie ID ___________________________ DOB ___________________________ Phone No. ___________________________

Supervisor ___________________________ Dept. ___________________________

Position ___________________________ Email Address ___________________________

Mailing Address ___________________________

(To be completed by Employee’s Treating Medical Provider)

1. Do you believe that the individual has a disability as defined in the attached letter? ☐ Yes ☐ No
If yes, what is the specific diagnosis or condition? _____________________________________________

   a. Nature of the condition? _____________________________________________________________

2. Are you currently treating the individual for the specific diagnosis or condition? ☐ Yes ☐ No
   a. If no, has the employee been referred to other health care provider(s) for evaluation or treatment?
      ☐ Yes ☐ No
   b. If yes, referred to ___________________________

3. Expected Duration: ☐ Temporary Disability ☐ Permanent/Ongoing Disability ☐ Episodic
   If temporary, effective until ___/___/____ (substantially limiting when active)

4. What is the severity? ☐ Mild ☐ Moderate ☐ Severe

5. Chronic condition? ☐ Yes ☐ No
   a. Long-term prognosis of this condition? _____________________________________________

6. Affects a major life activity: ☐ Yes ☐ No If yes, what major life activity(ies) is/are limited?

________________________________________________________
7. **Substantially** limits a major life activity: ☐ Yes ☐ No  
If yes, what is major life activity **substantially** limited? 

8. Evidence of the disability: 

9. Please list all prescribed medications and state how the medications address the symptoms of the disability if applicable. 

   a. Does this patient experience side effects from the medication? ☐ Yes ☐ No If yes, please describe. 

10. Current medical restrictions based on employee’s **current** capabilities:

### Physical

<table>
<thead>
<tr>
<th>Movement of the Spinal Column:</th>
<th>☐ No Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Back:</td>
<td>☐ Bending forward</td>
</tr>
<tr>
<td>☐ Upper Back:</td>
<td>☐ Bending forward</td>
</tr>
<tr>
<td>Neck:</td>
<td>☐ Bending forward</td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sitting Activities:</th>
<th>☐ No Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Desk work (reading, writing) - ______ hours/day</td>
<td>☐ Meetings - ______ hours/day</td>
</tr>
<tr>
<td>☐ Telephone use (with headset) - ______% of day</td>
<td>☐ Computer work - ______ hours/day</td>
</tr>
<tr>
<td>☐ Driving - ______ hours/day</td>
<td>☐ Other - ______ hours/day</td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standing Activities:</th>
<th>☐ No Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Standing ______ hours/day</td>
<td>☐ Walking ______ distance, ______ hours/day</td>
</tr>
<tr>
<td>☐ Balancing</td>
<td>☐ Stooping</td>
</tr>
<tr>
<td>☐ Stairs</td>
<td>☐ Operating general office equipment (e.g., printer, photocopier, paper cutter)</td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifting / Carrying / Pushing / Pulling:</th>
<th>☐ No Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Lifting</td>
<td>☐ Carrying</td>
</tr>
<tr>
<td>☐ Pushing</td>
<td>☐ Pulling</td>
</tr>
<tr>
<td>☐ Min ______ Max ______</td>
<td>☐ Min ______ Max ______</td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
</tr>
</tbody>
</table>

### Working with Shoulders / Elbows / Wrists / Hands / Fingers: ☐ No Restrictions

| Reaching: | ☐ Above shoulder level | ☐ Below shoulder level | ☐ At shoulder level |
| Handling: | ☐ Fine objects | ☐ Tools/Objects requiring strong hand grip | ☐ Vibrating tools/objects |
| ☐ Using Computer Mouse | ☐ Filing | ☐ Fingering |
| ☐ Writing ___ hrs/day | ☐ Typing _____ hrs/day |
| Additional Information: | | | |
Activities Requiring Senses:  ☐ No Restrictions
☐ Touch/Feeling  ☐ Smelling  ☐ Tasting  ☐ Speaking  ☐ Hearing
☐ Color vision  ☐ Near vision  ☐ Far vision  ☐ Depth perception  ☐ Driving
☐ Viewing computer screen ________ hrs/day
Additional Information:  

Cognitive

Mental Demands:  ☐ No Restrictions
☐ Attention to detail  ☐ Continuous alertness  ☐ Sustained concentration/focus
☐ Working under specific instructions  ☐ Self-supervision/autonomy
☐ Attaining precise limits/standards  ☐ Retention of information
☐ Multitasking  ☐ Organizational ability  ☐ Time management
☐ Problem solving/Decision making  ☐ Initiative  ☐ Analytical thinking
☐ Adaptability  ☐ Sound judgement  ☐ Effective written communication
☐ Handling firearms  ☐ Handling heavy machinery or equipment
Additional Information:  

Social / Emotional Demands:  ☐ No Restrictions
☐ Working in isolation  ☐ Teamwork  ☐ Supervising others
☐ Working with crisis or emergency situations
☐ Working closely with the public, clients or others (e.g. colleagues, supervisor)
Additional Information:  

Schedule Demands:  ☐ No Restrictions
☐ Following a schedule  ☐ Maintaining attendance  ☐ Punctuality  ☐ Prolonged work days, overtime
☐ Shift work, rotating  ☐ On-call  ☐ Repetitive/Short cycle work
☐ Deadlines: frequent, or occasional  ☐ Variety of tasks  ☐ Maintaining stamina/pace of work
☐ First responder in emergency situations  ☐ Operate a motor vehicle
☐ Travel: frequency ____________, mode of transportation __________________, time of day ____________
Additional Information:  

Medical Certification

In your professional medical opinion, the named employee is able to return to work with the stated medical restrictions.

Certification: This form must be completed and signed by the appropriate medical treating professional. If a stamp is not available, this form should be accompanied by a business card or letterhead paper.

Medical Physician’s Signature: ____________________________________________
Name ___________________________ Title _______________ Specialty __________
Name of Practice ___________________________ Phone __________________________ Fax __________________________

PLEASE EMAIL, MAIL, OR FAX THIS COMPLETED FORM TO:
ADA and Accessibility Service     Attn: Accommodation     Fax # 540-231-2990     adaaccess@vt.edu
Virginia Polytechnic Institute and State University
RETURN TO WORK RELEASE

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

Based on your evaluation, the employee can (check appropriate box below):

- [ ] Return to work **Full-Time, Full Duty** without any restrictions.
  
  Effective Date: _________________

- [ ] May not return to work at this time. Date & Time of next appointment: _________________.

*Any work restrictions must be considered for accommodations under the Americans with Disabilities Act, as amended in 2008. **If selecting any of the three options below, Virginia Tech’s ADA and Accessibility Services Medical Information Request Form for Return to Work Restrictions must be completed and returned with this form.** (ADA and Accessibility Services will work with the department and employee to provide potential workplace accommodations related to restrictions, prior to returning):

- [ ] *Return to work **Part-Time**:  Effective Date: _________________ End Date: _________________
  
  Employee may work _________ hours per day and work _________ days per week.

- [ ] *Return to work **Full-Time with permanent restrictions**. Effective Date: _________________

- [ ] *Return to work with temporary restrictions.
  
  Effective Date: _________________ End Date: _________________

Physician Name: ____________________________

Physician Signature: ____________________________ Date: ____________________________

Return form to:
Virginia Polytechnic Institute and State University
Department of Human Resources
300 Turner Street NW, Suite 2300 North End Center (0318)
Blacksburg, VA 24060

Phone: (540) 231-9331 • Fax: (540) 231-2990

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