Table of Contents

Contact Information ................................................................................................................................................... 2
What is ADA and Accessibility Services? .................................................................................................................... 3
Authorization to Receive Medical Information.......................................................................................................... 4
  • to be completed by the employee
Cover Letter to Treating Professional ........................................................................................................................ 5
Medical Information Request Form ....................................................................................................................... 6-8
  • to be completed by the medical provider
Contact Information

Pam Vickers  
Director, ADA & Accessibility Services  
pvickers@vt.edu  
540-231-4263

For general questions or concerns regarding ADA accommodations please contact:  
Lilly Murad  
Case Manager  
amurad@vt.edu  
540-231-4263

For questions or concerns regarding ADA accommodations for employees actively in the workplace or ADA accommodations for work-related travel please contact:  
Stacy Lovelace  
ADA Accommodation & Outreach Specialist  
lovest@vt.edu  
540-231-1820

For any questions or concern regarding Returning to Work with any medical restrictions or ADA accommodations for Long Term Disability Working please contact:  
Gloria Hartley  
ADA Accommodation Specialist  
ghartley@vt.edu  
540-231-9751
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 accommodations 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 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.

(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.

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(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(s) 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:

<table>
<thead>
<tr>
<th>Movement of the Spinal Column:</th>
<th>☐ No Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Back: Bending forward</td>
<td>☐ Bending backward ☐ Twisting Side bending</td>
</tr>
<tr>
<td>Upper Back: Bending forward</td>
<td>☐ Bending backward ☐ Twisting Side bending</td>
</tr>
<tr>
<td>Neck: Bending forward</td>
<td>☐ Looking up Rotation Side bending</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 ☐ Stooping ☐ Crouching ☐ Squatting ☐ Kneeling ☐ Crawling ☐ Climbing</td>
<td></td>
</tr>
<tr>
<td>Stairs ☐ Operating general office equipment (e.g., printer, photocopier, paper cutter)</td>
<td></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 Min _______ Max _______</td>
<td>☐ Carrying Min _______ Max _______</td>
</tr>
<tr>
<td>Pushing Min _______ Max _______</td>
<td>☐ Pulling Min _______ Max _______</td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Working with Shoulders / Elbows / Wrists / Hands / Fingers:</th>
<th>☐ No Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaching: ☐ Above shoulder level</td>
<td>☐ Below shoulder level</td>
</tr>
<tr>
<td>Handling: ☐ Fine objects</td>
<td>☐ Tools/Objects requiring strong hand grip</td>
</tr>
<tr>
<td>Using Computer Mouse</td>
<td>☐ Filing</td>
</tr>
<tr>
<td>Writing _______ hrs/day</td>
<td>☐ Typing _______ hrs/day</td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Mental Demands</th>
<th>☐ No Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Attention to detail</td>
<td>☐ Continuous alertness</td>
</tr>
<tr>
<td>☐ Working under specific instructions</td>
<td>☐ Self-supervision/autonomy</td>
</tr>
<tr>
<td>☐ Attaining precise limits/standards</td>
<td>☐ Retention of information</td>
</tr>
<tr>
<td>☐ Multitasking</td>
<td>☐ Organizational ability</td>
</tr>
<tr>
<td>☐ Problem solving/Decision making</td>
<td>☐ Initiative</td>
</tr>
<tr>
<td>☐ Adaptability</td>
<td>☐ Sound judgement</td>
</tr>
<tr>
<td>☐ Handling firearms</td>
<td>☐ Handling heavy machinery or equipment</td>
</tr>
</tbody>
</table>

Additional Information:

Social / Emotional Demands:
- ☐ No Restrictions

<table>
<thead>
<tr>
<th>Social / Emotional Demands</th>
<th>☐ No Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Working in isolation</td>
<td>☐ Teamwork</td>
</tr>
<tr>
<td>☐ Working with crisis or emergency situations</td>
<td></td>
</tr>
<tr>
<td>☐ Working closely with the public, clients or others (e.g. colleagues, supervisor)</td>
<td></td>
</tr>
</tbody>
</table>

Additional Information:

Schedule Demands:
- ☐ No Restrictions

<table>
<thead>
<tr>
<th>Schedule Demands</th>
<th>☐ No Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Following a schedule</td>
<td>☐ Maintaining attendance</td>
</tr>
<tr>
<td>☐ Shift work, rotating</td>
<td>☐ On-call</td>
</tr>
<tr>
<td>☐ Deadlines: frequent, or occasional</td>
<td>☐ Variety of tasks</td>
</tr>
<tr>
<td>☐ First responder in emergency situations</td>
<td>☐ Operate a motor vehicle</td>
</tr>
<tr>
<td>☐ Travel: frequency ____________, mode of transportation ________________, time of day _____________</td>
<td></td>
</tr>
</tbody>
</table>

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