



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. _____ Email Address _____
Mailing Address _____
Dept. _____ Position _____ Supervisor _____

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 _____ Specialty _____
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

Submit your medical release by email, fax, or mail to:

Email: adaaccess@vt.edu

Fax: ADA and Accessibility Services, Attn: Accommodations, Fax Number: 540-231-2990

Mail: 300 Turner Street NW, Suite 2300, Blacksburg, VA 24061