



# ADA Accommodation Request for Returning to Work with Medical Restrictions

ADA & ACCESSIBILITY SERVICES  
Office for Equity & Accessibility  
North End Center, Suite 2300 (0150)  
300 Turner Street, NW  
Blacksburg, VA 24060  
540-231-4263 | phone  
540-231-2990 | fax  
[adaaccess@vt.edu](mailto:adaaccess@vt.edu)

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## Contact Information

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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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  
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](mailto: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

[adaaces@vt.edu](mailto:adaaces@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(s) is/are limited?  
*(Examples: walking – speaking - breathing – hearing – seeing – working – standing – reaching – sleeping – learning – memory – thinking – sitting – lifting – concentration - caring for oneself - performing manual tasks - interacting with others.)*  
\_\_\_\_\_  
\_\_\_\_\_



7. *Substantially* limits a major life activity:  Yes  No If yes, what how 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

Movement of the Spinal Column:  No Restrictions

Lower Back:  Bending forward  Bending backward  Twisting Side bending

Upper Back:  Bending forward  Bending backward  Twisting Side bending

Neck:  Bending forward  Looking up Rotation Side bending

Additional Information: \_\_\_\_\_

Sitting Activities:  No Restrictions

Desk work (reading, writing) - \_\_\_\_\_ hours/day  Meetings - \_\_\_\_\_ hours/day

Telephone use (with headset) - \_\_\_\_\_ % of day  Computer work - \_\_\_\_\_ hours/day

Driving - \_\_\_\_\_ hours/day  Other - \_\_\_\_\_ hours/day

Additional Information: \_\_\_\_\_

Standing Activities:  No Restrictions

Standing \_\_\_\_\_ hours/day  Walking \_\_\_\_\_ distance, \_\_\_\_\_ hours/day

Balancing  Stooping  Crouching  Squatting  Kneeling  Crawling  Climbing

Stairs  Operating general office equipment (e.g., printer, photocopier, paper cutter)

Additional Information: \_\_\_\_\_

Lifting / Carrying / Pushing / Pulling:  No Restrictions

Lifting Min \_\_\_\_\_ Max \_\_\_\_\_  Carrying Min \_\_\_\_\_ Max \_\_\_\_\_

Pushing Min \_\_\_\_\_ Max \_\_\_\_\_  Pulling Min \_\_\_\_\_ Max \_\_\_\_\_

Additional Information: \_\_\_\_\_

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 \_\_\_\_\_

Date \_\_\_\_\_ 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**

**Employee Name:**     First                                Middle                                Last

**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