



ADA Accommodation Request form

ADA & ACCESSIBILITY SERVICES
Office for Equity & Accessibility
North End Center, Suite 2300 (0150)
300 Turner Street, NW
Blacksburg, VA 24060
540-231-2010 | phone
540-231-2990 | fax
adaaccess@vt.edu

Contact Information

For general questions or concerns regarding ADA reasonable accommodation request please contact:

Abby Carlson
Case Manager
abbyvt@vt.edu
540-231-1048

For questions regarding training and physical or programmatic accessibility, please contact:

Pam Vickers
Director, ADA & Accessibility Services
pvickers@vt.edu
540-231-2010

For specific questions regarding Return to Work with medical restrictions or 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

540-231-2010

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

Restrict 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: _____

Restrict 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: _____

Restrict 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: _____

Restrict Lifting / Carrying / Pushing / Pulling: No Restrictions

- Lifting Min _____ Max _____ Carrying Min _____ Max _____
- Pushing Min _____ Max _____ Pulling Min _____ Max _____

Additional Information: _____

Restrict 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: _____



Restrict 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

Restrict 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: _____

Restrict 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: _____

Restrict 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 Services Attn: Accommodation Fax # 540-231-2990 adaaccess@vt.edu