# Medical Response for Reasonable Accommodation Request

**EMPLOYEE NAME:** _____

**Completed by Physician / Medical Provider**

**NO diagnostic information please**

The *Americans with Disabilities Act (ADA)** and the *Fair Employment & Housing Act (FEHA)*, describe a disability as a physical or mental impairment that substantially* limits one or more major life function(s).

1. Does the employee have a disability? ☐ Yes ☐ No (if 'No', please sign and return)

2. If 'Yes', how long will the disability last? ☐ Ongoing/ Permanent ☐ Temporary, until: _____ (date)

3. What are the employee's specific **work restrictions** and/or **functional limitations**? _____

4. How long will these work restrictions be in place? _____ Anticipated end date: _____

5. What job function(s) is the employee having trouble performing because of the limitation(s)?

6. Do you have any suggestions as to possible accommodation(s)? _____

Physician / Medical Provider's Signature _____ Date _____

Print Name _____ Address or Stamp _____

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.

**EMAIL COMPLETED FORM TO:** **elizabeth.delo@ucsb.edu**