

## Reasonable Accommodation Medical Certification

### Section 1: Employee Information

Employee Name:

Employee ID:

### Section 2: To be completed by Healthcare Provider

**IMPORTANT NOTE: NO DIAGNOSTIC INFORMATION PLEASE.** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits requesting or requiring genetic information. Please do not provide any genetic information.

The Americans with Disabilities Act (ADA) and the Fair Employment & Housing Act (FEHA) define disability as a physical or mental impairment that limits one or more major life functions.

1. Does the employee have a disability?
  1.  Yes
  2.  No
2. If 'Yes', how long will the disability last?
  1.  Temporary
  2.  Permanent/Long Term
3. What are the employee's specific work restrictions or functional limitations?

A **limitation** is a reduction of the individual's capacity to perform job-related tasks (see example list attached). A **restriction** is a clinical prescription to avoid an activity due to immediate likelihood of significant harm.

4. How long will these work restrictions/functional limitations be in place?
  1.  Temporary Restrictions
    - Anticipated End Date:
  2.  Permanent Restrictions
5. How do the restrictions/limitations impact the employee's ability to perform their job? Are there particular job functions that are especially impacted?
6. Do you have any suggestions as to possible accommodations? (Note: If intermittent absence may be required, the frequency and duration must be specified.)
7. If remote/telework is a recommended accommodation, please complete the following:

What unique aspects of remote work/telework enable the employee to complete their essential job functions successfully?

Are there any adjustments that could be made to the on-site work environment to enable the employee to work on-site?

**Healthcare Provider Information:**

Healthcare Provider's Signature:

Print Name (Specify professional designation, e.g., MD):

Date:

Address or Stamp:

**Email Or Fax Completed Form To UCSB, HR – Workplace Accommodations**

**Emails:**

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## Functional Limitations

More information about functional limitations can be found on the [Job Accommodation Network Website](#).

|   |                                     |                        |
|---|-------------------------------------|------------------------|
| Attentiveness/Concentration               | Deaf - One Ear                      | Handling/Fingering     |
| Auditory Discrimination                   | Deaf - Total                        | Hard of Hearing        |
| Auditory Processing                       | Decreased Stamina/Fatigue           | Headache               |
| Auditory Sequencing                       | Dietary Needs                       | Hearing Impairment     |
| Balancing                                 | Disruptive Behavior                 | Hearing Loss           |
| Behavior                                  | Dizziness                           | Information Processing |
| Bending                                   | Drooling                            | Kneeling               |
| Blind                                     | Effect of/Receive Medical Treatment | Learning               |
| Blind - One Eye                           | Erratic/Inconsistent Behavior       | Lifting                |
| Blind - Total                             | Executive Functioning Deficits      | Limited Visual Field   |
| Body Odor                                 | Eye Strain / Asthenopia             | Low Vision             |
| Body Size                                 | Feeling/Sensing                     | Managing Time          |
| Carrying                                  | Fine Motor                          | Mathematics            |
| Climbing                                  | Fluctuating Hearing Loss            | Memory Loss            |
| Color Vision Deficiency (Color Blindness) | General Cognition                   | Mental Confusion       |
| Communicability/Contagious                | General Psychological               | Multitasking           |
| Control of Anger/Emotions                 | Grasping                            | Nausea                 |
| Coughing Excessively                      | Gross Motor                         | Night Blindness        |
| Deaf                                      |                                     | No Speech              |
|   |                                     | Noise Sensitivity      |
|   |                                     | Non-compliant Behavior |

Non-Stuttering Speech  
Disfluency

Operating Foot Control

Oral/Verbal  
Language/Speaking

Organizing/Planning/Prioriti  
zing

Other Motor

Overall Body  
Coordination

Overall Body  
Weakness/Strength

Pain

Photosensitivity

Progressive Hearing  
Loss

Progressive Vision Loss

Pushing/Pulling

Reaching

Reading

Respiratory  
Distress/Breathing  
Problem

Ringing in the Ears

Seizure Activity

Sitting

Skin  
Rash/Blisters/Sores

Sleeping/Stay Awake

Slow  
Movement/Reaction  
time

Social Skills

Spasm/Tic/Tremor/Blin  
king

Spatial Relationships

Speech Disfluencies

Speech Impairment

Squatting

Standing

Stress Intolerance

Stuttering Speech  
Disfluency

Suppressed Immune  
System

Take Medication

Task Specific -  
Learning

Temperature Sensitivity

Toileting/Grooming  
Issue

Unable to Work Alone

Unintelligible Speech

Use of Hearing Devices

Use of Mobility Aids

Use of One Hand/Arm

Use of One Side/Full  
Body

Vision Impairment

Vision Loss

Visual Closure

Visual Discrimination

Visual Memory

Visual Motor  
Processing

Visual Processing

Visual Sequencing

Walking

Weak Speech

Writing/Spelling