UC **SANTA BARBARA**
Human Resources

Reasonable Accommodation Medical Certification

To Be Completed by Healthcare Provider

EMPLOYEE INFORMATION:

Employee Name: _____ Employee ID: _____

Note: NO DIAGNOSTIC INFORMATION PLEASE

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?

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_____

6. Do you have any suggestions as to possible accommodations? (Note: If intermittent absence may be required, the frequency and duration must be specified.)

_____

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_____

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?

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_____

HEALTHCARE PROVIDER INFORMATION:

Healthcare Provider's Signature: _____

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

Date: _____

Address or Stamp: _____

IMPORTANT NOTE: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits requesting or requiring genetic information. Please do not provide any genetic information.

EMAIL OR FAX COMPLETED FORM TO UCSB, HR- WORKPLACE ACCOMMODATION SERVICES

Email: workplaceaccommodations@hr.ucsb.edu Fax: (805) 893-8269

Functional Limitations

(With hyperlinks to more information from the Job Accommodation Network)

Attentiveness/Concentration

Auditory Discrimination

Auditory Processing

Auditory Sequencing

Balancing

Behavior

Bending

Blind

Blind - One Eye

Blind - Total

Body Odor

Body Size

Carrying

Climbing

Color Vision Deficiency (Color Blindness)

Communicability/Contagious

Control of Anger/Emotions

Coughing Excessively

Deaf

Deaf - One Ear

Deaf - Total

Decreased Stamina/Fatigue

Dietary Needs

Disruptive Behavior

Dizziness

Drooling

Effect of/Receive Medical Treatment

Erratic/Inconsistent Behavior

Executive Functioning Deficits

Eye Strain / Asthenopia

Feeling/Sensing

Fine Motor

Fluctuating Hearing Loss

General Cognition

General Psychological

Grasping

Gross Motor

Handling/Fingering

Hard of Hearing

Headache

Hearing Impairment

Hearing Loss

Information Processing

Kneeling

Learning

Lifting

Limited Visual Field

Low Vision

Managing Time

Mathematics

Memory Loss

Mental Confusion

Multitasking

Updated May 2025

Nausea

Night Blindness

No Speech

Noise Sensitivity

Non-compliant Behavior

Non-Stuttering Speech Disfluency

Operating Foot Control

Oral/Verbal Language/Speaking

Organizing/Planning/Prioritizing

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/Blinking

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