

# Documentation of Disability

<b>SECTION 1: TO BE COMPLETED BY EMPLOYEE:</b>	
Employee name:	Job Title:
Department:	Supervisor:
<p><b>RELEASE OF INFORMATION:</b></p> <p>I hereby authorize the release of the information provided by my physician or health care provider in Section 2 below to Goucher College for the purpose of determining the availability of reasonable workplace accommodations. I further authorize Goucher College to seek clarification of this documentation, if necessary, by contacting my physician or health care provider and I authorize my physician or health care provider to respond to such requests for clarification.</p> <p>Employee Signature:</p> <p>_____</p>	

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**SECTION 2: TO BE COMPLETED BY THE PHYSICIAN OR HEALTH CARE PROVIDER:**

Please answer and return the following form to the Goucher College Office of Human Resources within the time frame indicated. The questionnaire format is a guide, and we would appreciate a response to every question. We need your complete medical opinion, so please feel free to include a more detailed narrative response to any and all questions, if needed to answer more fully. Thank you for your anticipated cooperation.

**IMPORTANT NOTE TO HEALTH CARE PROVIDER:**

When answering these questions, please do not take into consideration any ameliorative effects of mitigating measures, such as medication, medical supplies, equipment, or appliances, low-vision devices (defined as devices that magnify, enhance, or otherwise augment a visual image, but not including ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s) or other implantable hearing devices, mobility devices, and oxygen therapy equipment and supplies; use of assistive technology; reasonable accommodations or “auxiliary aids or services;” learned behavioral or adaptive neurological modifications; or psychotherapy, behavioral therapy, or physical therapy.

**PLEASE MAIL OR FAX THE COMPLETED FORM TO (please notify us in advance if you are faxing this information and include a confidential cover page):**

Goucher College  
 Office of Human Resources  
 1021 Dulaney Valley Road  
 Baltimore, MD 21204  
 Phone: 410-337-6135  
 Fax: 410-337-6236

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1. Does the patient have a physical or mental condition?      Yes      No

If so, please state the type of condition:

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2. Does the patient's condition substantially limit any major life activities<sup>1</sup>?      Yes      No

If so, which major life activity or activities are limited?

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3. For each major life activity that is limited by the condition, please describe how the patient is restricted as to the condition, manner, or duration under which that activity can be performed, as compared to the way in which an average person in the general population can perform that activity:

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4. What is the duration or expected duration of the patient's condition?

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5. Attached is a job description for the patient's position. Please review the job description and assess whether the patient can perform all essential job functions:    Yes      No

If not, which essential job function(s) cannot be performed, and why not?

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6. Please describe any reasonable accommodations that would allow this employee to be able to perform those job functions and state why such accommodations are necessary:

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7. Would performing any of the job functions listed result in a significant risk of substantial harm to the health or safety of the employee or others (co-workers, members of the general public, etc.)?      Yes      No

If yes, please describe:

- Which job functions would pose such a threat?

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<sup>1</sup> Major life activities include but are not limited to:

(i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working;  
(ii) The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

- Specify the direct safety or health threat posed:

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- List any reasonable accommodations that would eliminate the direct safety or health threat, or reduce it to an acceptable level:

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Physician or Health Care Provider:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name and Address (Printed):

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Date: \_\_\_\_\_