



HENRICO COUNTY
Department of Human Resources
Employee Relations Division
P. O. Box 90775, Henrico, VA 23273-0775
Phone: 804.501.4273; Fax: 804.501.5620
Employee Accommodation - Medical Certification

SECTION I: For Completion by the EMPLOYEE

Your Name: _____
First MI Last

Your Job Title: _____ Work Location: _____

Your Regular Work Schedule: _____

Please attach a copy of your official Henrico County job description to this document prior to completion by your healthcare provider.

SECTION II: For Completion by the HEALTHCARE PROVIDER

Instructions to HEALTHCARE PROVIDER

A request for a reasonable accommodation has been made by our employee. In order to assist with the interactive process, we are requesting you to provide feedback to the following questions based on your medical expertise. Please answer the questions on this form to help determine disability and reasonable accommodation.

BACKGROUND

An employee has a disability if he/she has an impairment that substantially limits one or more major life activities or a record of such impairment. "Substantially limits" under the ADA Amendments Act (ADAAA) has been broadened to allow someone with an impairment to be "regarded as" having a disability, even without the perception that the impairment limits a major life activity, provided that the impairment does not have an actual or expected duration less than or equal to six months.

The ADAAA provides examples of "major life activities," including "caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of a major bodily function, such as functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions."

• **PLEASE WRITE LEGIBLY** • **DO NOT LEAVE ANY LINES BLANK** •

Today's Date: _____

Healthcare Provider's Name (please print): _____

Type of Practice/Medical Specialty: _____

Business Address: _____

Phone: _____

Fax: _____

SECTION II (cont.): For Completion by the HEALTHCARE PROVIDER

Please answer these questions to help determine disability and reasonable accommodation:

1. Please review the attached job description. (If no job description is attached, please discuss the position with our employee to determine essential job duties.)

Is the employee able to perform the essential job functions of this position with or without reasonable accommodation? Yes No

Ø If yes, please continue to question #2.

If no, how long will the employee be unable to perform these job duties?

____ # of weeks ____ # of months ____ permanently

2. Does the employee have a physical or mental impairment? Yes No

Ø If yes, what is the impairment?

3. What limitations are interfering with job performance, and how do they affect the employee's ability to perform the job functions? _____

4. What adjustments to the work environment or position responsibilities would enable the employee to perform the essential functions of that position? _____

5. What, if any, adjustments need to be made to the employee's work schedule to enable the employee to perform the essential functions of that position? _____

6. How long will the employee need the reasonable accommodation? If unable to provide date, when will he or she be medically reevaluated? _____

Any additional comments or suggestions: _____

Physician Name (Please Print)

Date

Signature of physician completing form

VIRGINIA HUMAN RIGHTS ACT REASONABLE ACCOMMODATIONS FOR DISABILITY

Protections from Discrimination – Va. Code § 2.2-3905.1

Effective July 1, 2021, employers with more than five employees for a 20-week period in the current or preceding year must provide reasonable accommodations for otherwise qualified persons with disabilities if necessary to assist such person in performing a particular job, unless the accommodation would impose an undue hardship on the employer. “Person with a disability” means any person who has a physical or mental impairment that substantially limits one or more of her major life activities or who has a record of such impairment. Employers also may not, in response to a request for a reasonable accommodation for disability:

- take adverse actions against an employee;
- deny employment or promotions; or
- require an employee to take leave if another reasonable accommodation can be provided.

Reasonable Accommodations

Examples of reasonable accommodations include modifying work policies, permitting the use of leave, reassignment to a vacant position, acquisition or modification of equipment, assistance with manual labor, job restructuring, a modified work schedule, and light duty assignments.

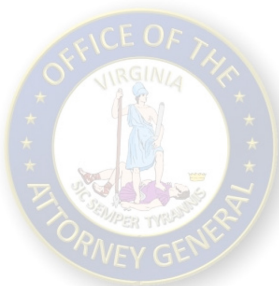
Interactive Process

When an employee requests an accommodation, employers must engage in a timely, good faith interactive process with the employee to determine if the requested accommodation is reasonable and, if not, discuss alternative reasonable accommodations that may be provided.

Complaints

Any person who believes they were discriminated against on this basis may file a complaint with the Office of Civil Rights.

OFFICE OF THE ATTORNEY GENERAL



Office of Civil Rights
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www.ag.virginia.gov
civilrights@oag.state.va.us



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