**Employee Information**

**Name:** Click here to enter text.

**Employee ID:** Click here to enter text.

**Position:** Click here to enter text.

**Telephone Number:** Click here to enter text.

**Mobile Number:** Click here to enter text.

**Work Location:  District Office  CGCC  EMCC  GWCC  GCC  MCC  PVCC  PC  RSC  SCC  SMCC**

**Date of Examination:** Click here to enter text.

**Questions to Help Determine Appropriate and Reasonable Accommodation**

For reasonable accommodation under the Americans with Disabilities Act (ADA), an employee has a disability if they have an impairment that limits one or more major life activities or a record of such impairment.

The following questions may help determine whether an employee has a disability.

**FOR LONG-COVID AND RELATED ACCOMMODATION REQUESTS, please go directly to page 4:**

1. Does the employee have a physical or mental impairment that limits his/her ability to engage in a major life activity, including but not limited to the ability to work, care for him/herself, perform manual tasks, walk, see, hear, eat, sleep or engage in social activities?

**YES** The employee has a PHYSICAL and/or MENTAL impairment that limits his/her ability to engage in a major life activity.

**NO** The employee does not have a physical or mental impairment that limits his/her ability to engage in a major life activity.

1. If the answer to question number 1 is yes, please describe the disability and to what degree it limits a major life activity. Click here to enter text.
2. If the answer to question number 1 is yes, how does the disability currently limit the employee’s ability to perform the essential functions of their position? Click here to enter text. *(See attached job description.)*
3. Is this disability permanent? **YES  NO**

If temporary, what is the estimated end date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any work restriction(s) or functional limitations that the employee’s disability produces that are in need of accommodation? **YES  NO**
2. If yes, are the restrictions permanent or temporary?

Restrictions are **PERMANENT**   
 Restrictions are **TEMPORARY** through this date \_\_\_\_\_\_\_\_\_**.**

**Note:** The Pregnant Workers Fairness Act (PWFA) went into effect on June 27, 2023, requiring that employers provide “reasonable accommodations” to pregnant workers from pregnancy through the postpartum period. If your patient’s accommodation is related to pregnancy, please complete numbers 7 through numbers 11.

1. Please list all necessary work restrictions with sufficient detail so all parties will understand how to interpret and apply them. Please be as specific as possible (e.g., if providing a restriction to standing, how many minutes before the employee would need to sit, etc.).

**List all physical activity restrictions:**

No repetitive lifting/carrying of Click here to enter text. pounds or more

No lifting or carrying of Click here to enter text. pounds or more

No repetitive pushing/pulling of Click here to enter text. pounds or more

No pushing/pulling of Click here to enter text. pounds or more

No at or above shoulder level reaching greater than Click here to enter text. seconds/minute

No repetitive bending/stooping greater than. Click here to enter text. times/row

No repetitive keyboarding in excess of Click here to enter text. minutes per hour

No prolonged walking in excess of Click here to enter text. minutes

No repetitive squatting/kneeling greater than Click here to enter text. times/row

No prolonged standing in excess of Click here to enter text. minutes

No prolonged sitting in excess of Click here to enter text. Minutes

No running

No jumping

No climbing

Other (Please be specific): Click here to enter text.

**Please explain or provide additional clarifications/accommodations suggestions/restrictions checked above, if needed.**

1. Please include any additional information that you believe would be helpful to the interactive for this employee.Click here to enter text.
2. If you are recommending an accommodation of **Remote Work (work from home)**, please provide additional alternative accommodation recommendations below should remote work not be available. Click here to enter text.
3. Will additional leave allow the employee to return to their position? **YES  NO**
4. If you are recommending leave, when in the future is the employee likely to be able to return to their position? Click here to enter text.

# **USE THIS SECTION FOR LONG COVID PANDEMIC, OTHER HIGH-RISK MEDICAL CONDITIONS, AND RELATED ACCOMMODATIONS:**

According to the CDC, a person’s risk of severe illness from Long-COVID or other major viruses increases as the number of underlying medical conditions they have increases. This includes many [people with disabilities](https://www.cdc.gov/ncbddd/humandevelopment/health-equity.html) or high-risk medical conditions. (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>)

1. Does this patient have a high-risk condition as described by the CDC? **YES  NO**
2. Does the employee have a physical or mental impairment that limits their ability to engage in a major life activity due to Long COVID or other major viruses?   
     
   **YES** The employee has a PHYSICAL and/or MENTAL impairment that limits their ability to engage in a major life activity.

**NO** The employee does not have a physical or mental impairment that limits his/her ability to engage in a major life activity.

1. If the answer to question number 2 is yes, describe the disability or condition. How is it impacted by Long-COVID or other chronic condition(s)?Click here to enter text.
2. How does the employee’s underlying health condition currently limit the employee’s ability to perform the essential functions of their position at the worksite? Click here to enter text. *(See attached job description.)*
3. Are you recommending Long COVID or chronic condition-related accommodations?

**☐** **YES**  **NO**

Please explain:Click here to enter text.

1. When will the employee no longer need Long COVID or chronic condition-related accommodations? Click here to enter text.

**Completed by (Print Name):** Click here to enter text.

**Licensed Health Care Provider’s Signature:**

**Arizona Health Care License Number:** Click here to enter text.

**Date Completed:** Click here to enter text.

**PLEASE RETURN A COPY OF THIS FORM VIA FAX DIRECTLY TO THE HR SOLUTIONS CENTER (HRSC): 480-731-8450 OR EMAIL TO** [**ADASupport@domail.maricopa.edu**](mailto:ADASupport@domail.maricopa.edu)

*All medical information shared with the Maricopa County College District (MCCCD) through the ADA/ADAAA and/or reasonable accommodation process will be maintained separate from personnel files and confidential in accordance with State and Federal requirements.*

*The Maricopa County Community College District does not discriminate on the basis of disability. Requests for alternate formats can be made by contacting the HR Solutions Center as follows:*

Address: 2411 West 14th Street Tempe, AZ 85281-6942

Telephone: 480-731-8777

Email: [ADASupport@domail.maricopa.edu](mailto:ADASupport@domail.maricopa.edu)

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by Title II of GINA 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 the 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.*