



SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
699 Old Orchard Drive, Danville, California 94526
Human Resources
(925) 552-2950 • FAX (925) 552-5092

MEMORANDUM TO HEALTH CARE PROVIDER

TO: Health Care Provider

FROM: San Ramon Valley Unified School District

RE: ADA Checklist for your patient/our Employee

Patient/Employee Name _____ Date _____

Dear Health Care Provider,

Your patient, our employee, is requesting a reasonable accommodation under the Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA). Please assist us in evaluating their request by completing the attached ADA/FEHA Job Duty Evaluation Checklist. Among other things, we are asking you to provide examples of accommodations which may enable this individual to perform the essential job functions, and to that end we have requested that your patient/our employee provide you with a copy of their Job Description.

INSTRUCTIONS

1. Type or print legibly and sign. Incomplete forms or illegible information may cause a delay in your patient/our employee receiving a reasonable accommodation.
2. **DO NOT** provide a medical diagnosis.
3. By the signature below, your patient/our Employee has authorized you to provide the requested information.
4. Return completed forms either to your patient or to our Human Resources Department—Attention Adrienne Herrera—by using the contact information above. Thank you in advance for your attention to this request.

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

AUTHORIZATION TO RELEASE INFORMATION

I authorize Dr. / Mr. / Ms. _____ to complete the attached checklist and provide the checklist and the requested information to the San Ramon Valley Unified School District.

Employee

Date



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ADA/FEHA JOB DUTY EVALUATION CHECKLIST

Patient/Employee Name _____

1. Does this person have a physical or mental impairment that “limits” one or more major life activity? (See attached Guidelines for Evaluating Impairments for definition of physical or mental impairment.) Yes ___ No ___

2. If no, stop, no further information is required.

3. If yes, please identify the major life activity(ies) that is/are limited. (See attached Guidelines.)

4. Describe how the Employee’s limitations impair the ability to perform the duties of the job. See Employee’s job description.

5. Are these limitations permanent or temporary? Please explain.

6. If temporary, state when they are expected to end. _____

7. Can this person perform the essential functions of the job with “accommodation,” such as job restructuring, modified work schedule, modification of work tools or equipment?

Yes ___ No ___

8. Please provide examples of accommodations which may enable this person to perform the essential job functions (without regard to whether you believe such accommodation is reasonable). _____

DATE ACCOMMODATION TO BEGIN	DATE ACCOMMODATION TO END OR CONTINUOUS
NAME OF HEALTH CARE PROVIDER	SIGNATURE OF HEALTH CARE PROVIDER

GUIDELINES FOR EVALUATING IMPAIRMENT

An Impairment is:

1. Any physiological disease, disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, immunological, digestive, genitourinary, hemic and lymphatic, skin and endocrine [a “physical” impairment].
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, or specific learning disabilities; or any such disorder that requires special education or related services [a “mental” impairment].
3. Not a physical characteristic such as eye or hair color, left-handedness, or height/weight within normal range.
4. Not a personal or character trait such as irritability, chronic lateness, or poor judgement.
5. Not an environmental, cultural, or economic disadvantage such as lac of education or a prison record.

An Impairment Rises to the Level of a Disability if it:

1. Limits a major life activity, as compared to the ability of the average person in the general population to perform that activity. Major life activities may include a particular job, a class of jobs, or any of the following:

walking	learning	concentrating
speaking	caring for oneself	sleeping
breathing	working	communicating
seeing	sitting	lifting
hearing	standing	socializing
reading	interacting with others	

2. Is not a temporary impairment such as a broken limb with no long-term complications.
3. Is a temporary impairment that develops into a long-term impairment (e.g., a broken leg that heals improperly and results in a limp, an operation that results in a chronic bowel dysfunction, etc.).
4. Consists of two or more impairments not disabling by themselves which have combined effect of limiting a major life activity (for example: mild arthritis and mild osteoporosis combine to result in inability to move hands).

Under FEHA, whether an impairment limits a major life activity is determined without reference to mitigating measure, such as use of medication.