

Instructions for Employee:

- 1) Print the name of your treating health care provider and your name on the lines below.
- 2) Give this form to your health care provider for completion and return.

To (treating health care provider): _____ regarding (employee) _____, please refer to the attached when completing this evaluation: *1) Guideline for Evaluating Impairments 2) Job Description (attached) - Essential Functions, Knowledge & Abilities, and Work Environment.* Please complete this form and return via mail or fax to CSU Monterey Bay – Human Resources, 100 Campus Center, Seaside, CA 93955; confidential fax 831-582-4736. If you have any questions, please contact Human Resources at 831-582-3389. An electronic, photocopy, or facsimile copy of this true medical certification shall be as valid as an original of same.

Does this person have a physical or mental impairment that limits one or more major life activities?* (Please see Guidelines for Evaluating Impairments for definition of physical or mental impairment. A condition limits a major life activity if it makes the achievement of the major life activity more difficult).

- Yes
- No If No, no further information is required.
- If Yes: please identify the major life activity(ies) that is(are) limited.* (Please see attached Guidelines for Evaluating Impairments:) Walking Speaking Breathing Seeing Hearing Reading Learning Caring for Oneself Working Sitting Standing Lifting Reaching Communicating Concentrating Interacting with Others Thinking Sleeping Socializing Performing

Is this condition permanent or temporary? (Please explain):

- Manual Tasks Psychological Bodily Functions Working Other (describe): _____
- _____ *If temporary, when would it reasonably be expected to no longer limit a major life activity?* _____

Is this person able to perform the essential functions of the job as described on the attached job description?

- Yes If Yes, no further information is required.
- No *If No: what essential functions cannot be performed?*

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, or provision of qualified readers or interpreters?

- Yes
- No

Please comment on examples of accommodations which may enable this person to perform the essential job functions (without regard to whether you believe that such accommodation is reasonable):

Signature of Health Care Provider _____ Date _____ Type of Practice _____ Telephone Number _____
 Provider Address: _____

ADA/FEHA JOB DUTY EVALUATION CHECKLIST - GUIDELINES FOR EVALUATING IMPAIRMENT

Employees with job-related (workers' compensation) injury or illness should be evaluated by use of this ADA/FEHA Job Duty Evaluation Checklist as well.

An Impairment is:

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].

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].

Not a physical characteristic such as eye or hair color, left-handedness, or height/weight within normal range • Not a personality or character trait such as irritability, chronic lateness, or poor judgment.

Not an environmental, cultural or economic disadvantage such as a lack of education or a prison record. Impairment rises to the level of a disability if it:

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, and/or any of the following:

Walking _ Seeing _ Hearing _ Reading _ Learning _ Caring for Oneself _ Working _ Sitting _ Standing _ Lifting _ Reaching _ Communicating _ Concentrating _ Interacting with Others _ Thinking _ Sleeping _ Socializing _ Performing Manual Tasks _ Physical or _ Disfigurement _ Mental Impairments _ Psychological _ Neurological _ Musculoskeletal _ Sensory _ Respiratory _ Cardiovascular _ Reproductive Digestive _ Genitourinary _ Hemic and Lymphatic, _ Skin, Endocrine systems _ Intellectual _ Organic Brain Syndrome _ Emotional _ Mental illness _ Specific Learning Disabilities _

Is not a temporary impairment such as a broken limb with no long-term complications.

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 chronic bowel dysfunction, etc.).

Consists of two or more impairments not disabling by themselves, which have a combined effect of limiting a major life activity (for example: mild arthritis and mild osteoporosis combine to result in inability to move hands).

Under California's Fair Employment and Housing Act (FEHA), whether impairment limits a major life activity is determined without reference to mitigating measures, such as use of medication.