

Human Resources Department

ADA & ADAA Disability Verification Form

Dearborn Public Schools is committed to compliance with the Americans with Disabilities Act (1990) and the Americans with Disabilities Amendments Act (2008). The purpose of this form is to assist Dearborn Public Schools in determining whether, or to what extent, a reasonable accommodation will allow an employee to perform the essential functions of his or her job safely and effectively.

To be completed by employee:					
Employee's Name:He	ealth Care Provi	der's Name:			
Brief Job Description:					
By my signature below I hereby authorize my health care provider to furnish the following information to the Human Resources Director at Dearborn Public Schools. I further agree that the Dearborn Public Schools Director or his/her designee may contact my health care provider named above to obtain additional information related to my limitations and recommended accommodations. I understand that relevant information obtained may be shared with my supervisor(s) and other Dearborn Public Schools administrators that may be involved in assisting with the establishment of reasonable accommodations.					
Employee's Signature Date					
To be completed by the health care provider: Note: In compliance with the Genetic Information Nondiscrimination Act of 2008 (GINA), please do not provide genetic or family history information in response to this request. Please list diagnosis that are related to the employee's ability to perform essential functions of his/her job.					
Diagnosis	Date of Diagnosis				
Is the condition listed above (please circle) If temporary, estimated length of recovery period	permanent	temporary	episodic		
If episodic, estimated length of time between flare-	ups				
Diagnosis	Date of Diagnosis				
Is the condition listed above (please circle) If temporary, estimated length of recovery period	permanent	temporary	episodic		
If enisodic estimated length of time between flare-	uns				



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According to the Americans with Disabilities Amendments Act, *major life activities* may include but are not limited to the following, please check all that are impacted by the physical or mental impairment of the employee:

		caring for oneself performing manual tasks seeing hearing eating sleeping walking standing lifting		speaking breathing learning
Also included	are	functions of		
	tatio	the immune system digestion the bowels the bladder reproduction the endocrine system ons described above and your knowledge of the job relations do you recommend that will enable the individual er job?	[[[ated ac	
Provider Inform	mat	ion		
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		Area of specialty:		
Practice Addre	ess:_			
	-			
Phone:	-	Fax:		
Sionature		 Date		