

Human Resources Department

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:

- | | |
|--|--|
| <input type="checkbox"/> caring for oneself | <input type="checkbox"/> bending |
| <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> speaking |
| <input type="checkbox"/> seeing | <input type="checkbox"/> breathing |
| <input type="checkbox"/> hearing | <input type="checkbox"/> learning |
| <input type="checkbox"/> eating | <input type="checkbox"/> reading |
| <input type="checkbox"/> sleeping | <input type="checkbox"/> concentrating |
| <input type="checkbox"/> walking | <input type="checkbox"/> thinking |
| <input type="checkbox"/> standing | <input type="checkbox"/> communicating |
| <input type="checkbox"/> lifting | <input type="checkbox"/> working |

Also included are functions of

- | | |
|---|---|
| <input type="checkbox"/> the immune system | <input type="checkbox"/> normal cell growth |
| <input type="checkbox"/> digestion | <input type="checkbox"/> circulation |
| <input type="checkbox"/> the bowels | <input type="checkbox"/> neurological processes |
| <input type="checkbox"/> the bladder | <input type="checkbox"/> the brain |
| <input type="checkbox"/> reproduction | <input type="checkbox"/> respiration |
| <input type="checkbox"/> the endocrine system | |

Other:

Given the limitations described above and your knowledge of the job related activities of the employee, what accommodations do you recommend that will enable the individual to perform the essential functions of his/her job?

Provider Information

Name: _____ Area of specialty: _____

Practice Address: _____

Phone: _____ Fax: _____

Signature

Date