



Human Resources Department
Swarthmore College

(610)328-8397
(610)690-2040 (FAX)

ATTENDING PHYSICIAN'S STATEMENT OF DISABILITY

In order to make a determination about the nature of an employee's medical condition and to engage the employee in a dialogue regarding accommodations as required by the Americans with Disabilities Act, Swarthmore College requests the following information from the individual's health care practitioner. A HIPPA compliant release form signed by the employee is enclosed with the form. The requested information will be treated confidentially, will not be kept in the employee's main personnel file, and will be used only by authorized individuals with a direct need to know the information. Please direct any questions you have about this form to (Ms.) Lee Robinson, Employee Relations Manager at 610-328-8398.

NAME OF PATIENT	DATE OF BIRTH	SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE

1. Please state the diagnosis and briefly describe the medical facts that support your certification.

a) When did symptoms first appear? _____

b) Subjective symptoms: _____

2. In your professional judgment, does this individual have a physical impairment that:

"is a physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:

- a) Neurological
- b) Musculoskeletal
- c) Special sense organs
- d) Respiratory (including speech organs)
- e) Cardiovascular
- f) Reproductive
- g) Digestive
- h) Genito-urinary
- i) Hemic and lymphatic
- j) Skin
- k) Endocrine.¹"

☐ Yes ☐ No

If yes, please explain in detail below.

3. In your professional judgment, does the individual have a mental impairment that meets the definition below?

"any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities."¹

☐ Yes ☐ No

If yes, please explain in detail.

4. Under ADA regulations, major life activities are described as being activities that an average person can perform with little or no difficulty. The regulations do not give a comprehensive list but mention the following:

-sitting	·lifting
-standing	·working
-walking	·seeing
-speaking	·hearing
-breathing	·learning
-performing manual tasks	·caring for oneself

In your professional judgment, does this individual have an impairment that limits one or more major life activities according to this definition?

☐ Yes ☐ No

If yes, please describe in detail.

5. The limitation to major life activities must be "substantial" under the regulations. "An individual must be unable to perform, or be significantly limited in the ability to perform the function.¹." There are three factors to consider in determining whether a person's impairment substantially limits a major life activity:

- a) The nature and severity of the impairment.
- b) How long the impairment will last or is expected to last.
- c) The permanent or long term impact, or expected impact.

In your professional judgment, is the individual's impairment "substantial?"

☐ Yes ☐ No

If yes, explain how the above factors individually or in combination substantially limit the individual in the performance of one or more major life activities.

- 6 a) If you believe the individual to have a disability that substantially limits his/her ability to perform one or more major life functions, in your professional opinion, can the individual perform the essential functions of the job (based on attached job description), with or without an accommodation?

☐ Yes ☐ No

- b) Is an accommodation required to enable the individual to perform the essential functions of the job as described?

☐ Yes ☐ No

- c) **If accommodation is required, can you suggest or recommend one or more possible reasonable accommodations?**

☐ Yes ☐ No

If yes, please state reasonable accommodations.

- 7 a) In your professional judgment, can the individual's medical condition be ameliorated with treatment (e.g., medication, diet, physical therapy, surgical treatment)?

☐ Yes ☐ No

- b) *If yes to 7a*, is the individual compliant with your recommended course of treatment?

☐ Yes ☐ No

If no, please explain in detail.

- 8 a) In your professional judgment, does this medical condition create impairment that might ordinarily cause the individual to be unable to report to work?

☐ Yes ☐ No

- b) *If yes to 8a*, what is a reasonable expectation of the AVERAGE number of days this individual can be expected to miss work:

_____ days per month (month = 22 work days)

_____ days per year (year = 262 work days)

9. In your professional judgment, is the individual capable of performing the essential functions of his or her job without direct threat to the health or safety of others in the workplace?

☐ Yes ☐ No

If no, please explain in detail. _____

10. Please provide any further information you feel important in making a determination of this person's medical condition.

PRINT NAME (Primary Health Care Practitioner)

DEGREE

TELEPHONE

SIGNATURE

DATE

STREET ADDRESS

CITY/TOWN

STATE

ZIPCODE

Please mail the completed form to the Human Resources Department of Swarthmore College at the address below to the attention of Lee Robinson, Employee Relations Mgr.

Human Resources Department
Swarthmore College
500 College Avenue
Swarthmore, PA 19081

Clearing House, Inc, Chicago.
HR 8/03