UNT SYSTEM
Human Resources

Request for Disability Accommodation in Employment
Medical Practitioner Certification

To the medical practitioner: Your assistance is appreciated in providing information to determine reasonable accommodation in employment for the individual listed below, who has identified himself/herself as your patient. When answering these questions, please do not take into consideration any positive effects of mitigating measures, such as medications, medical supplies, equipment, or appliances, low vision devices, prosthetics, hearing aids and cochlear implants, mobility devices, oxygen therapy equipment, use of assistive technology, reasonable accommodations or auxiliary aids or services, learned behavioral, or adaptive neurological modifications.

Name of Patient:_____

1. Does this individual have a physical or mental impairment? Yes ☐ No ☐

If so, please state the type of impairment:

2. Does this individual's impairment substantially limit any major life activities, as defined by the ADA and the ADAAA? Yes ☐ No ☐

**A list of major life activities can be found on the next page.*

If so, please state the major life activity or activities that are limited:

3. For each major life activity that is limited by the impairment, please describe how this individual is restricted as to the condition, manner, or duration under which that activity can be performed, as compared to the way in which a person in the general population can perform that activity:

4. What is the duration or expected duration of this individual's impairment?

5. Attached is a job description listing the essential functions of the position for which this individual is either under consideration or is already employed. Please review the job description and assess whether this individual can perform all job functions. Yes ☐ No ☐

If not, which job functions cannot be performed, and why not?

6. Please describe any reasonable accommodations that would allow this individual to be able to perform these job functions:

7. If medical leave is one of the possible accommodations listed above, please provide an estimated duration for the leave:

8. Would performing any of the job functions listed result in a direct safety or health threat to this individual or other people? Yes ☐ No ☐

If yes, please describe which job functions would pose such a threat:

Name of Primary Medical Practitioner/Physician:_____ Phone:_____

Medical Practitioner's Signature:_____ Date:_____

Please return the completed form to:
UNT: HRAdministration@unt.edu
UNT Dallas: HR@untdallas.edu
UNTHSC: HSC.HR@untsystem.edu
UNT System: HR@untsystem.edu

As defined by the ADAAA, major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major bodily functions include, but are not limited to: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. For more information, visit https://www.dol.gov/ofccp/regs/compliance/faqs/ADAfaqs.htm.