



**Wellesley Public Schools
Wellesley, MA**

Reasonable Accommodation Request Form

EMPLOYEE REQUEST *(This form should be filled out by the employee)*

Employee Name: _____ Job Title: _____

Building/Location: _____ Supervisor: _____

Full Time: _____ Part Time: _____ If Part Time, please list FTE: _____

REQUEST FOR REASONABLE ACCOMODATION

1. I require an accommodation in order to perform the following essential function(s):
(Be specific. If the accommodation requires the purchase of equipment, please specify the model number, cost, source, etc.)

2. Describe how this accommodation will assist you. **Please attach additional sheets as necessary.**

Signature: _____ **Date:** _____

**AUTHORIZATION FOR THE RELEASE
OF MEDICAL INFORMATION**

(This form should be filled out by the employee)

I, _____, **Hereby Authorize** _____
(Employee's Name) (Name of health care provider)

to release to the **Wellesley Public Schools** medical information pertinent to the reasonable accommodation requested in the attached document.

To any licensed physician, other licensed practitioner, hospital, clinic, or other medically related facility, or United States Veteran Administration:

I authorize you to release to the **Wellesley Public Schools**, the above-requested information to be used solely for the purpose of evaluating my request for reasonable accommodation. This authorization shall be valid for a period of 180 days after the date of my signature or earlier if revoked by me in writing to the **Wellesley Public Schools**. I hereby acknowledge that I have been informed of my right to receive a copy of this authorization request. I further acknowledge that I have been informed that if the medical information contained herein is not released, my reasonable accommodation may be denied.

Employee's Signature

Date

PHYSICAL IMPAIRMENT EVALUATION CHECKLIST

Instructions: Please read the attached Guidelines for Evaluating Physical Impairments and then complete this form and fax it to: Wellesley Public Schools, Attention Human Resources Department, Confidential Fax #781-591-0185 Note: You may use additional sheets if necessary for your answers.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employee Name: _____ Job Title: _____

1. How long have you been treating the employee named above? _____

2. How frequently have you seen the employee in the last 12 months?

3. For what condition(s) are you treating the employee?

4. Does the employee have a physical impairment(s) (See attached Guidelines)?
____yes ____no

5. If yes, please identify that impairment(s) _____

6. When did the employee's condition commence?

7. Is the employee's impairment temporary or permanent? Please explain:

8. If temporary, when would it reasonably be expected to end?

9. Does the employee's impairment(s) substantially limit one or more major life activities (See attached Guidelines)?
____yes ____no

10. If yes, please identify the major life activity(ies) that is “substantially limited” and describe how the employee is limited. (See attached Guidelines.)

11. Is the employee able to perform all of the functions of their job? _____ yes _____ no

12. Can the employee perform the functions of his or her job with reasonable accommodations? Note: reasonable accommodations may include, but are not limited to, the following: reassignment; eliminating non-essential functions; job restructuring; modified work schedules; leaves of absences; and, modification of work tools or equipment? _____ yes _____ no

13. Please describe what types of reasonable accommodations may, in your opinion, enable the employee to perform his or her job functions, and state the basis for your opinion.
(Note: The question of what is “reasonable” is for the employer to determine.)

14. Can the employee perform the functions of his or her job without posing a significant risk of substantial harm to the health or safety of himself/herself or others?
_____ yes _____ no

15. If no, please state whether the employee’s condition poses a significant risk of substantial harm to the health and safety of (a) himself/herself; (b) others; or (c) both and why:

16. If yes, please describe:

I certify that I have reviewed the attached Guidelines for Evaluating Physical Impairments for the employee named above, and that the information contained on this form is accurate.

Dated: _____

Signature: _____

Name: _____

Title: _____

Health Care Provider Name: _____

Address: _____

Phone: _____

GUIDELINES FOR EVALUATING IMPAIRMENTS

An “impairment” under the law is defined as:

- Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine, and also any mental or psychological disorder, such as intellectual disability (formerly termed mental retardation), organic brain syndrome, emotional or mental illness, and specific learning disabilities.

To have an actual disability under the law, an individual must have a physical or mental impairment that **substantially limits a major life activity**, as compared to the ability of the average person in the general population to perform that activity, if:

the individual is unable to perform a major life activity that the average person can perform or if the individual is substantially limited as to the condition, manner or duration under which he or she can perform a major life activity in comparison to the condition, manner or duration under which the average person in the general population can perform the same major life activity.

Major life activities are those of central importance to most people’s daily lives. Examples may include, but are not limited to:

walking	learning	speaking
caring for oneself	concentrating	breathing
interacting with others	seeing	socializing
sitting	sleeping	hearing
standing	lifting	reading
communicating	bending	thinking
working		

Major life activities also include the operation of major bodily functions, including but not limited to the following: cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, reproductive functions, the operation of an individual organ within a body system, genitourinary, bowel, bladder, neurological, brain, respiratory, and circulatory.

In evaluating whether an individual is substantially limited in performing a major life activity, corrective devices and mitigating measures, such as medication, may not be taken into account.