

## **Documentation of Disability Form**

### **EMPLOYEE: Release of Information**

I, \_\_\_\_\_, hereby authorize the release of  
Employee Name – Please Print  
the following information to the ADA Coordinator for the purpose of determining my eligibility as a person with a disability on the campus of NC State University.

Signature:

Date:

### **TO THE HEALTHCARE PROVIDER:**

Employees requesting a disability eligibility review for the purpose of receiving accommodations at NC State University are required to provide current documentation about their physical or mental impairment. Documentation standards to determine legal eligibility are more stringent than for usual clinical practice. Eligibility is based on documented clinical data not simply on self-report or evidence of a diagnosis. The university's ADA Coordinator will review the documentation you provide. The purpose of the review is to determine whether or not the employee has a "disability," as defined by the Americans with Disabilities Act (ADA) of 1990. The definition of "disability" as outlined in this Act, is tailored for the purpose of eliminating discrimination, and therefore, may differ from the definition of "disability" under other statutes.

As the healthcare provider, please complete fully all sections of this form and provide a brief narrative. Failure to do either may interfere with the employee receiving a timely eligibility decision.

#### **Documentation should be sent directly to:**

**Sheri Schwab**

**ADA Coordinator**

**NC State University Campus Box 7530**

**Raleigh, NC 27695-7530**

**FAX: 919.513.1428**

**Email: [ada\\_coordinator@ncsu.edu](mailto:ada_coordinator@ncsu.edu)**

**Questions may be directed to Sheri Schwab at 919.513.0574 or via email at [ada\\_coordinator@ncsu.edu](mailto:ada_coordinator@ncsu.edu).**

#### **PLEASE NOTE: ALL INFORMATION PROVIDED MIGHT BE SHARED WITH THIS EMPLOYEE UNLESS CLEARLY MARKED OTHERWISE.**

For purposes of the ADA, a healthcare provider must provide clear and precise documentation that allows the ADA Coordinator to answer the following question as part of a 3-step inquiry:

**Does the employee have a physical or mental impairment that substantially limits a major life activity, like caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working?**

# THE 3-STEP INQUIRY

## STEP 1: Information regarding the employee's physical or mental impairment

Attach any test results or reports that substantiate the following information.

Primary diagnosis:

CODE

Date of diagnosis:

History of impairment

Nature and severity:

Is the impairment chronic or long-term?

If the impairment is temporary, what is the expected duration?

Secondary diagnosis:

CODE

Date of diagnosis:

History of impairment

Nature and severity:

Is the impairment chronic or long-term?

If the impairment is temporary, what is the expected duration?

Other diagnosis:

CODE

Date of diagnosis:

History of impairment

Nature and severity:

Is the impairment chronic or long-term?

If the impairment is temporary, what is the expected duration?

Date of last visit

How often do you provide treatment?

# THE 3-STEP INQUIRY

## STEP 2: Information regarding the employee's affected major life activity

Which, if any, of the major life activities does the physical or mental impairment(s) affect?

Working*	Caring for Oneself	Seeing	Hearing
Breathing	Sleeping	Eating	Standing
Sitting	Reaching	Lifting	Bending
Speaking	Learning	Reading	Concentrating
Thinking	Communicating	Walking	None
Interacting with Others	Performing Manual Tasks	Other	

**\* If you checked "working" as the affected major life activity, please provide more detailed information by checking all components of "working" that are substantially limited:**

Fulfilling essential job responsibilities	Developing/maintaining working relationships
Performing at an acceptable level	Regular attendance
Demonstrating workplace knowledge/skills	Organizing effectively and efficiently
Acquiring new workplace knowledge/skills	Leading others
Judgment and use of appropriate occupational behaviors	Complying with safety and health requirements
Communicating: verbal written	Being present at work location

Notes:

# THE 3-STEP INQUIRY

## STEP 3: Information regarding the employee's affected major life activity

Information is needed about how the employee is **significantly** restricted in comparison to the average person in the general population as to the conditions, manner, or duration under which activities can be performed. How does the physical or mental impairment, in its corrected or medicated condition, affect the employee in the activities required in the workplace? List the following: the specific **substantial functional limitations**, how often they occur, how long they last, and the severity of each.

<b>Limitations</b>	<b>Frequency/Duration</b> (daily, weekly, etc./# hours, days, etc.)	<b>Severity</b> (mild, moderate, severe)
1		
2		
3		
4		
5		

Are there any activities or situations that should be avoided by this employee or would pose a direct threat to health or safety (significant risk of substantial harm to the health or safety of the individual or others)?

Which accommodations, if any, do you recommend? (This is for informational purposes only. If required, NC State University will determine the appropriate, reasonable accommodations.)

## WRITTEN NARRATIVE

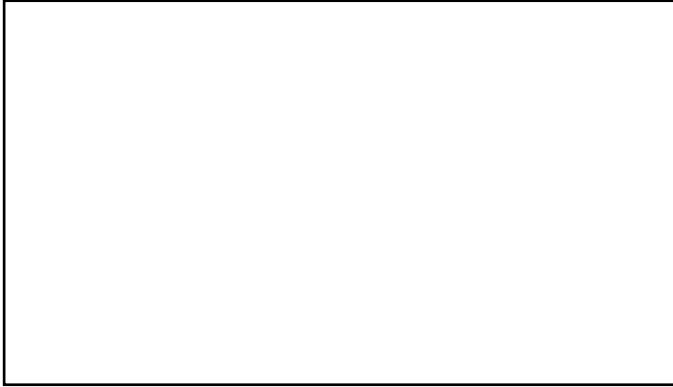
A written narrative, signed, dated, and on letterhead, must be submitted with this form. The narrative can be brief, but must include:

1. a specific, current diagnosis (within one year),
2. a description of the limitations the employee currently experiences in the workplace,
3. whether or not accommodations will be needed when utilizing medications and/or corrective measures.

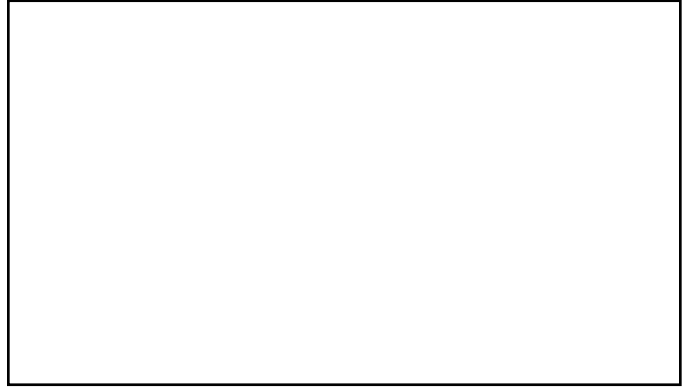
# THE 3-STEP INQUIRY

## Additional Information

Please attach your business card here



Front



Back

Name/Title

Business Name

Business Address

Phone

Fax

Email

Professional Credentials

License Certification

State

Area of Specialization

Signature:

Date: