



UNIVERSITY OF MISSOURI-KANSAS CITY

## OFFICE OF EQUITY & TITLE IX

### Employee Disability Accommodations – Healthcare Provider Information Form

The following information is being requested as part of the interactive accommodations process, used by the University of Missouri-Kansas City to determine if an employee is a person with a disability as defined by the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (ADAAA) and whether they are eligible to receive accommodation(s) under the ADA.

This form will be kept private and shared only with staff of the Office of Equity & Title IX. The Office of Equity & Title IX will only accept forms submitted from the Healthcare Provider’s Office. Healthcare Providers can submit the form directly to UMKC’s Office of Equity & Title IX by fax 816-235-6537 or email to [atchinsonk@umkc.edu](mailto:atchinsonk@umkc.edu).

If you have any questions about completing this form please contact KC Atchinson, UMKC Employee ADA Coordinator, at [atchinsonk@umkc.edu](mailto:atchinsonk@umkc.edu) or call (816) 235-6705.

*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 employees or their family members. In order 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: \_\_\_\_\_

#### A. Determination of Disability

Definition: An employee has a disability and may be eligible for reasonable accommodations in the workplace if they have an impairment that substantially limits one or more major life activities. The following questions are to assist in determining whether an employee has a disability.

Does the employee have a physical or mental impairment?    Yes    No

If yes, what is the impairment/diagnosis? \_\_\_\_\_

Is the impairment permanent, chronic, or of indefinite duration?    Yes    No

If not permanent/chronic/indefinite, what is the anticipated duration of the impairment? \_\_\_\_\_

Does the impairment substantially limit\* one or more major life activities?    Yes    No  
*Examples include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working.*

\*As compared to a majority of the general population



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If yes, please provide a detailed explanation including which activities are limited:

### **B. Accommodations Recommendations**

The Office of Equity & Title IX will collaboratively engage in an interactive process with the employee and their supervisor(s) to determine reasonable accommodations, and recommendations from health care providers are valuable in determining the employee's needs. If there are workplace modifications that you believe would be reasonable, please share these below, as well as any alternatives that may be considered similarly reasonable.



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C. Additional Comments

**HEALTHCARE PROVIDER:**

**Please return this form directly to UMKC's Office of Equity & Title IX. This form can be returned by fax at 816-235-6537 or email to [atchinsonk@umkc.edu](mailto:atchinsonk@umkc.edu).**

Healthcare Provider Printed Name: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_