

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 | g) digestive |
| b) musculoskeletal | h) genitor-urinary |
| c) special sense organs | i) hemic and lymphatic |
| d) respiratory (including speech organs) | j) skin |
| e) cardiovascular | k) endocrine |
| f) reproductive | |

Yes No

If yes, please explain in detail below.

3. In your professional judgment, does the individual have a *mental impairment* that meets the following definition: “Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.”

Yes No

If yes, please describe in detail.

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

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

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 regulations: “An individual must be unable to perform, or be significantly limited in the ability to perform, the function.” 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 the individual’s 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 the job description), with or without an accommodation, and without

direct threat to their own health and safety and/or the health and safety of others in the workplace?

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 that would specifically and directly address/ameliorate the substantial limitation and enable the individual to successfully perform the essential functions of the job?

yes no

If yes, please suggest reasonable accommodation(s) and describe how such accommodation would enable the individual to successfully perform the essential functions of the job:

7) a) In your professional judgment, can the individual's medical condition be successfully ameliorated within 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) Regular attendance is an essential function of virtually all jobs, and an individual who cannot attend work regularly, therefore may not qualify as "able to perform the essential functions of the position." In your professional judgment, does this medical condition create impairment that might ordinarily cause the individual to be unable to report to work in any substantive way?

yes no

b) *If yes to 8a*, what is the general expectation of the average number of days this individual might be expected to miss work:

_____ work days/month (month=22 work days)

_____ work days per year (year=262 work days)

9. Please provide any further information you feel would be useful to Valdosta State University in evaluating the individual's medical condition.

PHYSICIAN'S SIGNATURE
(please do not use signature stamp
or designee signature)

DATE