

**GLENVILLE STATE COLLEGE REASONABLE ACCOMMODATION  
MEDICAL VERIFICATION AND INQUIRY FORM  
(PLEASE PRINT)**

**Instructions**

1. Complete the employee information section of the form.
2. Submit the form to your treatment provider so that s/she can complete the remainder of the form. If you have different disabilities that are treated by different providers, please provide a form for each.
3. Return the completed form(s)(keep a copy for your records) to:

Krystal Smith, Chief Human Resources Officer  
Title IX/Equal Employment Opportunity/Affirmative Action Coordinator  
Heflin Administration Building – Third Floor  
Harry B. Heflin Administration Building  
200 High Street  
Glennville, WV 26351

Telephone: (304) 462-6193

FAX: (304) 462-7610

[Krystal.Smith@glennville.edu](mailto:Krystal.Smith@glennville.edu)

Office Hours: Monday – Friday 8:00 a.m. to 4:00 p.m.

Requestor's Name

**GLENVILLE STATE COLLEGE REASONABLE ACCOMMODATION  
MEDICAL VERIFICATION AND INQUIRY FORM  
(PLEASE PRINT)**

**Employee Information  
(To Be Completed by the Employee)**

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Notice and Release**

***(A photo copy is as valid as the original)***

The Americans with Disabilities Act (ADA) requires an employer to provide reasonable accommodation to an employee or job applicant with a disability, unless doing so would cause significant difficulty or expense for the employer. An employer doesn't have to provide an accommodation if doing so would cause undue hardship to the employer. Undue hardship means that the accommodation would be too difficult or too expensive to provide, in light of the employer's size, financial resources, and the needs of the business. An employer does not have to provide the exact accommodation the employee or job applicant wants. If more than one accommodation works, the employer may choose which one to provide.

I hereby authorize Glensville State College to obtain any medical documentation necessary to process this request. My treatment provider(s) may release my health information to Glensville State College. Glensville State College may release by health information to others necessary to address my request for accommodation. I understand that this form needs to be completed in full and additional medical information may be required. Glensville State College may request additional information from either me or my treatment provider if needed. I am aware that Glensville State College may also seek medical information from me or my treatment provider(s) in order to assess employability options including accommodation or restriction from work. I understand that Glensville State College will take the suggestions that medical providers make into consideration, but it is the employer's decision as to whether the accommodation(s) can be met in a reasonable fashion. A copy of this document may be accepted as the same as an original.

My signature of this Notice and Release authorizes:

Please MAIL or FAX completed FORM to:  
Krystal Smith - Title IX/Affirmative Action/EEOC Coordinator - Glensville State College \* 200 High St. \* Glensville, WV 26351  
Telephone: (304) 462-6193 \* Facsimile (304) 462-7610

Requestor's Name

- a. Glenville State College's Title IX/Equal Employment Opportunity/Affirmative Action/ADA Compliance Coordinator/Officer to **OBTAIN from and DISCUSS with my treatment providers** any medical documentation and health information relating to any disability/condition;
- b. my treatment provider(s) to **RELEASE to and DISCUSS with** Glenville State College's Title IX/Equal Employment Opportunity/Affirmative Action/ADA Compliance Coordinator/Officer any medical documentation and health information relating to any disability/condition;
- c. Glenville State College's Title IX/Equal Employment Opportunity/Affirmative Action/ADA Compliance Coordinator/Officer to disclose my health information as it relates to my disability/condition and this accommodation request on a need to know basis to appropriate Glenville State College personnel including but not limited to Physical Plant personnel.

Employee Signature

Date

**A. Questions to help determine whether an employee has a disability.**

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment?

Yes

No

If yes, what is the impairment?

Answer the following question based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Requestor's Name

Does the impairment substantially limit a major life activity as compared to most people in the general population?

*Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.*

Yes

No

If yes, what major life activity(s) (includes major bodily functions) is/are affected?

- |  |  |                                   |                                   |  |
|--|--|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Bending         | <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Breathing       | <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Reading  | <input type="checkbox"/> Standing |  |
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Learning                | <input type="checkbox"/> Seeing   | <input type="checkbox"/> Thinking |  |
| <input type="checkbox"/> Concentrating   | <input type="checkbox"/> Lifting                 | <input type="checkbox"/> Sitting  | <input type="checkbox"/> Walking  |  |
| <input type="checkbox"/> Eating          | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working  |  |
|  |  |                                   |                                   |  |

Major bodily functions:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Bladder        | <input type="checkbox"/> Digestive     | <input type="checkbox"/> Lymphatic             | <input type="checkbox"/> Reproductive                |
| <input type="checkbox"/> Bowel          | <input type="checkbox"/> Endocrine     | <input type="checkbox"/> Musculoskeletal       | <input type="checkbox"/> Respiratory                 |
| <input type="checkbox"/> Brain          | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Neurological          | <input type="checkbox"/> Special Sense Organs & Skin |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hemic         | <input type="checkbox"/> Normal Cell Growth    | <input type="checkbox"/> Other: (describe)           |
| <input type="checkbox"/> Circulatory    | <input type="checkbox"/> Immune        | <input type="checkbox"/> Operation of an Organ |  |

**B. Questions to help determine whether an accommodation is needed.**

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is interfering with job performance or accessing a benefit of employment?

Requestor's Name

What job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access a benefit of employment?

**C. Questions to help determine effective accommodation options.**

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance?

If so, what are they?  
(Including but not limited to accommodations related to working hours per day, pulling/pushing, bending, stooping, sitting standing, lifting, overhead reaching and adaptive equipment.)

Requestor's Name

How would your suggestions improve the employee's job performance?

Please MAIL or FAX completed FORM to:  
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Telephone: (304) 462-6193 \* Facsimile (304) 462-7610

Requestor's Name

**D. Other questions or comments.**

Please Print:

Treatment Provider's Name

Telephone Phone Number

Certification (M.D., D.O. , etc.)

License Number

Address

City/State/Zip

Signature

Date

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.

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