



ADA/FEHA JOB DUTY EVALUATION CHECKLIST

Instructions: Employee/applicant shall contact the treating health care provider to complete this form. Employee/applicant should return the completed form to ADA coordinator at Sonoma State University. If you have any questions, please contact Stephen Green, ADA Coordinator, at (707) 664-3717, confidential fax (707) 664-4049. A carbon copy, photocopy, or facsimile copy of this true medical release shall be as valid as an original of same. Telecommunications needs: Please use the California Relay Service at (877) 735-2929 TTY.

To: _____
Treating Health Care Provider (Please Print)

Re: _____
Employee or Applicant Name (Please Print)

Treating Health Care Provider: Please refer to the attached Guideline for Evaluating Impairment and Job Description when completing the following.

- Does this person have a physical or mental impairment that "limits" one or more major life activity?
 Yes No
(Please see Guidelines for Evaluating Impairments for definition of physical or mental impairment. A condition "limits" a major life activity if it makes the achievement of the major life activity more difficult)

- If no, stop, no further information is required.
- If yes, please identify the major life activity(ies) that is/are limited (Please see attached Guidelines for Evaluating Impairments)

- | | | | |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Learning | <input type="checkbox"/> Reaching | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Caring for Oneself | <input type="checkbox"/> Communicating | <input type="checkbox"/> Socializing |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Working | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Performing Manual Tasks |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Sitting | <input type="checkbox"/> Interacting with Others | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Standing | <input type="checkbox"/> Thinking | (describe) |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Lifting | | |

- Is this condition permanent or temporary? (Please explain) _____

- If temporary, when would it reasonably be expected to no longer limit a major life activity?

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- Is this person able to perform the essential functions of the job as described on the attached job description?
 Yes No
- If yes, stop, no further information required.
- If no, what essential functions cannot be performed? _____

- Can this person perform the essential functions of the job with "accommodation," such as job restructuring, modified work schedule, modification of work tools or equipment, or provision of qualified readers or interpreters?
 Yes No
- Please comment on examples of accommodations which may enable this person to perform the essential job functions (without regard to whether you believe that such accommodation is "reasonable")

Signature of health care provider

Type of Practice

Telephone Number

Provider Address: _____

Date: ____/____/____

Verified by ADA coordinator _____

Date: ____/____/____

GUIDELINES FOR EVALUATING IMPAIRMENTS

An Impairment is:

- Any physiological disease, disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, immunological, digestive, genitourinary, hemic and lymphatic, skin and endocrine [a "physical" impairment].
- Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, or specific learning disabilities; or any such disorder that requires special education or related services [a "mental" impairment].
- Not a physical characteristic such as eye or hair color, left-handedness, or height/weight within normal range
- Not a personality or character trait such as irritability, chronic lateness, or poor judgment.
- Not an environmental, cultural or economic disadvantage such as a lack of education or a prison record.

An Impairment Rises to the Level of a Disability if it:

- Limits a major life activity, as compared to the ability of the average person in the general population to perform that activity. Major life activities may include a particular job, a class of jobs, or any of the following:

- | | | | |
|------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Learning | <input type="checkbox"/> Reaching | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Caring for Oneself | <input type="checkbox"/> Communicating | <input type="checkbox"/> Socializing |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Working | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Performing |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Sitting | <input type="checkbox"/> Interacting | Manual Tasks |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Standing | with Others | |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Lifting | <input type="checkbox"/> Thinking | |

- Is not a temporary impairment such as a broken limb with no long-term complications.
- Is a temporary impairment that develops into a long-term impairment (e.g., a broken leg that heals improperly and results in a limp, an operation that results in chronic bowel dysfunction, etc.)
- Consists of two or more impairments not disabling by themselves which have a combined effect of limiting a major life activity (for example: mild arthritis and mild osteoporosis combine to result in inability to move hands).

Under California's Fair Employment and Housing Act (FEHA), whether an impairment limits a major life activity is determined without reference to mitigating measures, such as use of medication.

Employees with job-related (workers' compensation) injury or illness should be evaluated by use of this ADA/FEHA Job Duty Evaluation Checklist as well.