



**Appendix B**

**NORTHEASTERN ILLINOIS UNIVERSITY ADA MEDICAL CERTIFICATION FORM**

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

For reasonable accommodation under the American with Disabilities Act (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:

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

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.

<p>Does the impairment substantially limit a major life activity as compared to most people in the general population?</p> <p><i>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.</i></p>	<p>Yes</p>	<p>No</p>
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If yes, what major life activity(s) (includes major bodily functions) is/are affected?

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

Major bodily functions:

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

## Reasonable Accommodations for Employees



Reasonable Accommodations for Employees  
and Applicants with Disabilities  
Policy G1.11  
Effective Date: 02/06/2015  
Date of Last Revision: 03/15/2022

Responsible Officer: Director of Equal  
Opportunity, Title IX, and Ethics  
Responsible Office: Legal Affairs and  
General Counsel

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



**D. Other questions or comments.**



Large empty rectangular area for providing other questions or comments.

EMPLOYEE NAME: \_\_\_\_\_

Name of physician: \_\_\_\_\_

Address of physician: \_\_\_\_\_

te: \_\_\_\_\_