



Towson University
Americans with Disabilities Act (ADA)
Disability Accommodation Certification

Section 1 – for Completion by the Requestor (Employee, Student, or Visitor)

Name: _____ Job Title: _____
(Employees Only)

Release of Information Agreement:

I, _____, authorize _____ to share this
(Requestor name) (Medical Provider)

information with Towson University. Additionally, I understand Towson University may contact the medical provider for further information or clarification.

Requestor Signature: _____ Date: _____

Section 2 – for Completion by the Health Care Provider

The above individual has made a request for a reasonable accommodation. To assist with the interactive process, please complete this section and attach any appropriate supplemental documentation.

Medical Provider Name/Title: _____

Address: _____ Email: _____

Phone Number: _____ Type of Practice/Medical Specialty _____

1. When did the medical condition begin? _____
2. How long is it expected to last? _____
3. What dates have you treated the patient for this condition? _____
4. Describe the major life activities that are substantially limited by the medical condition or accompanying treatment:

5. How does the individual's limitation(s) interfere with their ability to perform the essential job functions or access a benefit of employment? (Employees and Applicants only)

Section 2 – continued – for Completion by the Health Care Provider

6. What relevant accommodations do you recommend and why?

7. If your accommodation recommendation includes alteration to the work schedule, please complete below and indicate the reason for the alteration.

Recommended work schedule: _____

Length of work day (hours): _____ Work days/hours per week: _____

Breaks: _____

8. What is the duration of the condition/need for accommodation?

Additional comments:

I certify I have treated the above individual, the individual is a current patient, and the information provided is accurate to the best of my medical knowledge.

Medical Provider's Signature: _____ Date: _____

When this form is complete, please fax to 410-704-6320. If you have questions, please contact adarequest@towson.edu or call 410-704-2162.

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.