



Americans with Disabilities Act (ADA) Health Care Provider Certification

Health Care Provider:

Your patient, _____ is employed with Detroit Public Schools (DPS) as a _____ and has requested accommodations under the Americans with Disabilities Act (ADA). If an employee has a covered disability and can perform his or her essential duties with or without accommodations, DPS is required to provide reasonable accommodations. To determine eligibility, please provide the following information but do not include genetic history:

1. Diagnosis:

2. Permanent disability: Yes [] No [] If no, how long _____?

3. Describe impairment(s) and major life activities affected: Examples: Can lift no more than 10 lbs/hr; can only climb 10 steps/day; must avoid bending, stooping.

4. Please be specific in what accommodations employee needs to perform his or her essential duties: Examples: Requires a reader; enlarged print; first floor only; must avoid sharp objects.

Health Care Provider's Signature _____ Date _____

Specialty _____

Address: _____

Phone: _____ Fax: _____