



Dear Syracuse University Employee,

Please have your healthcare provider complete the below Determination of Disability form. Upon completion, submit the form via the following:

1. Log into MySlice
2. Select Employee Home
3. Select Employee Resources
4. Select e-Forms
5. Select Diversity and Inclusion drop down arrow
6. Select Request Form - Faculty/Staff

Sincerely,

The Disability Access Team  
Office of Diversity and Inclusion  
Syracuse University



## Disability Determination Form

Dear Healthcare Provider:

\_\_\_\_\_ has requested a reasonable accommodation(s) due to disability. In order to allow us to further evaluate and engage in meaningful discussions about appropriate accommodations we need you to complete the questionnaire that follows.

Disability is defined by the **New York State Human Rights Law** as a physical, mental, or medical impairment resulting from anatomical, physiological, genetic or neurological conditions that prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques, or a record of such an impairment, or a condition regarded by others as such impairment.

Under the **Americans with Disabilities Act**, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or has a record of such an impairment.

If you have any questions or concerns about this request, contact the Office of Diversity and Inclusion at [ada@syr.edu](mailto:ada@syr.edu). The completed form can be faxed to 315-443-5021.

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

Does the employee have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, what is the impairment or the nature of the impairment?

Listed below are major life activities. Please check what major life activity(s) (includes major bodily functions) is/are affected by the employee's impairment?

- |  |  |                                   |                                   |   |
|--|--|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Bending         | <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Other:<br>(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"/> Circulator     | <input type="checkbox"/> Immune        | <input type="checkbox"/> Operation of an Organ |  |

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>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p style="text-align: center;">OR</p> <p>Describe the employee's limitations when the impairment is active.</p>		

**Note:** Does not need to significantly or severely restrict the major life activity 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.



**B. Please specify below how this impairment affects the employee's ability to perform their job functions.**

Medical Professional's Signature

Date

Professional license or specialty

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.