



**STUDENT AFFAIRS & ENROLLMENT MANAGEMENT
DISABILITY PROGRAMS AND RESOURCE CENTER**

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**REQUEST FOR INFORMATION UNDER CALIFORNIA FAIR EMPLOYMENT AND
HOUSING ACT AND THE AMERICANS WITH DISABILITIES ACT**

PHYSICIAN/HEALTH CARE PROVIDER: IN ORDER FOR SFSU TO BE ABLE TO PROPERLY EVALUATE THE INFORMATION PROVIDED, PLEASE ANSWER EACH AND EVERY QUESTION IN DETAIL. USE ADDITIONAL SHEETS WHERE NECESSARY.

Date:

Employee Name:

Certification of Qualifying Condition:

1. Does the employee have an impairment that “limits”¹ one or more major life activity (ies)? (See pages 5-6 for Evaluating Disabilities for more information, including definitions.)

Yes

No

If no, stop, no further information is required.

If yes, what is the duration of this condition (permanent or temporary). If temporary, for what period of time will the condition continue?

2. Limitations to Major Life Activities: If you answered yes to questions 1, please identify the major life activity(ies) that is/are limited. (A condition “limits” a major activity if it makes the achievement of the major life activity more difficult.)

3. Limitation on Employee's Abilities to Perform Essential Functions: If you answered yes to question 1, please answer in detail the following questions:

A. Review the attached job description.

B. After reviewing the description, please indicate whether the employee can perform the essential functions of the position **without** reasonable accommodation.

Yes No

4. If the answer is “No,” describe in detail which of the employee's essential job function(s) is impacted by the condition and the way in which that job function is impacted. Include specific detail regarding the limitation the employee has with regard to the identified function (e.g., if limitations relate to standing, sitting, lifting, etc., please indicate in detail what the limits are).

If the answer to Number 3.A. above is “No,” can the employee perform the essential functions of the job with a reasonable accommodation?

Yes No

If the answer is “Yes,” please describe any and all accommodations that would enable the employee to perform the essential functions of his or her job. If you would recommend any one of these accommodations over another, please so indicate and explain why.

GUIDELINES FOR EVALUATION DISBILITIES

- “Mental disability,” included, but is not limited to, having any mental or psychological disorder or condition that limits major life activity.
- “mental disability” includes, but is not limited to, emotional or mental illness, intellectual or cognitive disability (formerly referred to as “mental retardation”), organic brain syndrome, or specific learning disabilities, autism spectrum disorder, schizophrenia, and chronic or episodic conditions such as clinical depression, bipolar disorder, post-traumatic stress disorder, and obsessive compulsive disorder.
- “Physical disability,” includes, but is not limited to, having any anatomical loss, cosmetic disfigurement, psychological disease, disorder or condition that does both of the following:
 - A. Affects one or more of the following body systems: neurological; immunological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic circulatory; skin; and endocrine, and
 - B. Limits a major life activity.
- A mental or psychological disorder or condition limits a major life activity if it makes the achievement of the major life activity difficult.
- Disability includes, but is not limited to, deafness, blindness, partially or completely missing limbs, mobility impairments requiring the use of a wheelchair, cerebral palsy, and chronic or episodic conditions such as HIV/AIDS, hepatitis, epilepsy, seizure disorder, diabetes, multiple sclerosis, and heart and circulatory disease.
- 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.) is a disability.
- A disability 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 combined to result in inability to move hands.)
- “Major Life activities” include, but are not limited: walking, speaking, breathing, seeing, hearing, reading, learning, caring for oneself, working, sitting, standing, communicating, concentrating, interacting with others, sleeping, lifting, socializing.

- Whether an impairment limits a major life activity is determined without reference to mitigating measure such as medications, assistance devices, prosthetics, or reasonable accommodations, unless the mitigating measure itself limits a major life activity.

A “Disability” does not include:

- Sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from the current unlawful use of controlled substances or other drugs.
- A physical characteristic such as eye or hair color, left-handedness, or height/weight within normal range.
- A personality or character trait such as irritability, chronic lateness, or poor judgement.
- An environmental, cultural or economic disadvantage such as lack of education or a prison record.
- A temporary impairment such as a broken limb with no long-term complications.