**Employment Accommodation – Medical Verification of Disability Form**

Note: Any costs associated with providing this information is the responsibility of the employee.

The University of Waterloo is committed to making every reasonable effort to assist all employees with disabilities when they require accommodation in the workplace. The University adheres to the legislative requirements with respect to the Ontario *Human Rights Code* (“Code”), the *Accessibility for Ontarians with Disabilities Act* (AODA), and the *Workplace Safety and Insurance Act* to ensure all employees are treated fairly, equitably and consistently.

Your patient has made a workplace accommodation request related to their disability (please see attached). As part of the University’s accommodation process, please provide the following information to assist in identifying potential solutions:

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Department:** |  |
| **Job Title:** |  |

1. Nature of Condition and date of onset:

|  |
| --- |
|  |

1. Date of last clinical assessment:

|  |
| --- |
|  |

1. How long have you been treating this employee?

|  |
| --- |
|  |

1. Duration of disability condition:

[ ]  Permanent (longer than one year):

[ ]  Temporary (less than 6 months): from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

 Next reassessment date: \_\_\_\_\_\_\_\_\_\_\_\_

1. Please note the functional limitations and restrictions related to the condition that is impacting the employee’s capacity to work:

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| --- |
|  |

1. Does the disability affect the employee’s tolerance with any of the following?

**Physical:**

[ ]  Sitting for less than 50 minutes

[ ]  Sitting for more than 50 minutes

[ ]  Standing for more than 15 minutes

[ ]  Walking; employee cannot walk more than \_\_\_\_\_\_ number of meters at a time

[ ]  Stairs; is the employee able to negotiate stairs?

[ ]  Lifting (employee cannot lift more than \_\_\_\_\_\_ kg)

[ ]  Reaching above shoulder level

[ ]  Twisting (please circle): neck, back, knees, wrist

[ ]  Bending (please circle): neck, back, knees, wrist

**Cognitive/Psychological:**

[ ]  Difficulties performing simple and repetitive tasks

[ ]  Problems maintaining focus/concentration on the job

[ ]  Limited ability to perform complex and varied tasks

[ ]  Reduced energy and pace required for the job

[ ]  Difficulty maintaining healthy co-worker relationships

**Certificate of Attending Health Care Professional**

*The provider signing this form must be the same person answering the questions on the form above.*

|  |
| --- |
| **Please Print:** |
| Date Completed (DD/MM/YYYY) |  |
| Practitioner’s First and Last Name |  |
| Practitioner’s Signature |  |
| Practitioner’s License/Registration Number |  |
| Name/Address/Phone Number/Fax Number | **Please use office stamp** **as well as signature** |

Return completed form to University of Waterloo – **Occupational Health:** occupationalhealth@uwaterloo.ca or fax form to: 519-888-4377