

**Eau Claire County
AMERICANS WITH DISABILITIES ACT**

Attached to this form is the current description of the essential functions of the position occupied by _____, including the physical and mental demands of the job. Please answer the following questions regarding the employee’s condition as it relates to the essential functions and possible accommodations. The employee’s signed Release is also attached.

1. Does the employee have a disability that substantially limits a major life activity? If so, describe the disability and the limitation.

2. Does the employee use any mitigating measures (medications, assistive technologies, etc.). How do the mitigating measures affect the disability?

3. Does the disability affect the employee’s ability to perform any one of the essential functions of the position? Yes No
 - a. If yes, please describe the impact on the person’s ability to perform specific functions. Describe the effects of any mitigating measures used.

4. Are there any accommodations that in your opinion would allow the employee to perform the essential functions of the job? If so, describe those accommodations.

5. If the employee cannot perform the essential functions of this position with or without an accommodation, what type of work, if any, can the employee perform with or without an accommodation? Please be specific.

6. Is the need for accommodation likely to be temporary or permanent? If temporary, how long do you estimate the need for accommodation will exist?

Provider name (Please print)

Professional license or specialty

Signature

Date

ADA DEFINITION OF DISABILITY

With respect to an individual, the term "disability" means:

1. a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
2. a record of such an impairment; or
3. being regarded as having such an impairment.