Reset Form

CALIFORNIA STATE UNIVERSITY BAKERSFIELD™ | Human Resources

Mail Stop: 37 ADM
9001 Stockdale Highway
Bakersfield, California 93311-1022

ADA/FEHA Job Duty Evaluation Checklist

Instructions: Employee/applicant shall contact the treating health care provider to complete this form. Employee/applicant should return the completed form to ADA coordinator at California State University, Bakersfield Human Resources. If you have any questions, please contact, Kellie Garcia, ADA Coordinator, at 661-654-3206. A carbon copy, photocopy, or facsimile copy of this true medical release shall be as valid as an original of same.

To: _____ Re: _____

Treating Health Care Provider | Employee or Applicant Name

Treating Health Care Provider : *Please refer to the attached Guideline for Evaluating Impairment and Job Description when completing the following.*

Does this person have a physical or mental impairment that "limits" one or more major life activity?

☐ Yes ☐ No If no, stop. No further information is required.

Please see Guidelines for Evaluating Impairments for definition of physical or mental impairment. A condition "limits" a major life activity if it makes the achievement of the major life activity more difficult.

If yes, please identify the major life activity(ies) that is/are limited. ***Please see attached Guidelines for Evaluating Impairments.***

☐ Walking	☐ Reading	☐ Standing	☐ Interacting with Others
☐ Speaking	☐ Learning	☐ Lifting	☐ Thinking
☐ Breathing	☐ Caring for Oneself	☐ Reaching	☐ Sleeping
☐ Seeing	☐ Working	☐ Communicating	☐ Socializing
☐ Hearing	☐ Sitting	☐ Concentrating	☐ Performing Manual Tasks

☐ Other (describe) _____

Is this condition ☐ permanent or ☐ temporary? (Please explain.)

If temporary, when would it reasonably be expected to no longer limit a major life activity?

ADA/FEHA Job Duty Evaluation Checklist *(cont.)*

Is this person able to perform the essential functions of the job as described on the attached job description?

☐ Yes (*If yes, stop. No further information is required.*) ☐ No

If no, what essential functions cannot be performed?

Can this person perform the essential functions of the job with "accommodation", such as job restructuring, modified work schedule, modification of work tools or equipment, or provision of qualified readers or interpreters?

☐ Yes ☐ No

Please comment on examples of accommodations which may enable this person to perform the essential job functions:
(without regard to whether you believe that such accommodation is "reasonable.")

Signature of Health Care Provider | **Type of Practice** | **Telephone Number**

Provider Address: _____ **Date:** _____

(CSUB HR Use Only)

Verified by ADA Coordinator _____ **Date:** _____