



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
AMERICANS WITH DISABILITIES ACT
CERTIFICATION OF HEALTH CARE PROVIDER - ADA**

Once completed, please submit this form to your supervisor. Failure to do so may result in the delay or denial of your request for ADA accommodation(s).

Date: _____

Employee's Name: _____

Employee's Title: _____

Employee's Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Employee's Business Telephone Number: _____

Name of Physician or Health Care Provider: _____

Address of Physician or Health Care Provider _____

Telephone Number of Physician or Health Care Provider: _____

Employee's Disability(ies): _____

1) Describe the employee's/patient's relevant information as it relates to the disability(ies) listed above.

2) What is the probable duration of the disability(ies)?

3) What limitation(s) will the disability(ies) place upon the employee/patient ?

- 4) Based on the attached Department of Juvenile Justice position description, what accommodation(s) are required in order for the employee/patient to successfully complete his/her assigned tasks?

- 5) Please provide any other information that you feel is relevant in assessing the employee's/patient's request for ADA accommodation(s).

CERTIFICATION OF HEALTH CARE PROVIDER

Signature of Health Care Provider	Type of Practice
Address	Telephone Number
City, State, Zip Code	Date

CERTIFICATION OF EMPLOYEE

Signature of Employee	Date
------------------------------	-------------

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and others 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.”*

Attachments: Protective Action Response (PAR) Responsibilities (When Applicable)
Position Description