



ADA Compliance

3100 Marine Street, 2nd Floor
557 UCB
Boulder, CO 80309
(303) 492-9725

Pregnancy Medical Information Request Form

(To be completed by healthcare practitioner)

The State of Colorado requires employers to provide reasonable accommodations to employees for health conditions related to pregnancy or physical recovery from childbirth. Examples of reasonable accommodations include but are not limited to: more frequent or longer breaks, obtaining or modifying equipment or seating, temporary transfer to a less strenuous or hazardous position, if available (with return to the current position after pregnancy) light duty (if available), job Restructuring, limiting lifting, assistance with manual labor, or modified work schedules

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers 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.

Employee Name: _____ (please print)

1. Please describe the employee’s health condition related to her pregnancy and/or childbirth: _____

2. Please describe the major life activities (e.g., breathing, eating, sleeping, walking, talking, manual tasks, etc.) that are limited by the health condition:

3. Please describe how these limitations impact the employee’s ability to perform her job (please refer to employee’s job description, if available):

4. What accommodation(s), if any, would you recommend for this employee? _____

5. What is the likely duration of the accommodation?

Treating Healthcare Practitioner Signature

Treating Healthcare Practitioner Printed Name

Date

Treating Healthcare Practitioner License No.

When complete, please fax to **(303) 496 - 2330**, email to adacoordinator@colorado.edu or mail to:

ADA Compliance
557 UCB
University of Colorado Boulder
Boulder, CO 80309

Please contact the ADA Compliance at (303) 492-9725 or adacoordinator@colorado.edu if you have any questions.