UTHealth Houston

# Medical Certification Form

## Accommodation for Pregnancy, Childbirth, and Related Medical Conditions

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|---|---|
| **Name:** | |
| **Due Date:** | |

**A. Please identify the employee's workplace limitations(s).**
A physical or mental condition, impediment, or problem, such as needing to rest, reduce risk, or alleviate pain. It may be modest, minor, or episodic. It also can be for maintaining the health of the employee or pregnancy (if applicable), such as obtaining healthcare or childbirth recovery. You are not required to identify the employee's symptoms or provide a diagnosis.

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|---|---|
| Is the identified workplace need(s) related to, affected by, or arising out of pregnancy, childbirth, or a related medical condition? Related medical conditions include pregnancy symptoms such as nausea and fatigue; conditions such as gestational diabetes and preeclampsia; complications of pregnancy and childbirth such as ectopic pregnancy; prenatal and postpartum mental health conditions; labor and delivery; termination of pregnancy; lactation and related conditions such as low milk supply and engorgement; and (in)fertility. You can answer yes even if pregnancy, childbirth or a related medical condition is not the sole or primary cause of the limitation. | ☐ Yes ☐ No |

**B. Describe the adjustment(s) or change(s) at work that would address the limitation.** You may, but are not required, to suggest a specific accommodation. You may state what the employee should or should not do.

**C. What is the expected duration of the need for the adjustment(s) or change(s)?**

**D. Comments**

**Note**: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other 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.

**Medical Provider Name (Print or Type):**

**Type of practice/medical specialty:**

**Address:** **Telephone:**

**Medical Provider Signature:** **Date:**

Please return this form to
University Relations & Equal Opportunity
7000 Fannin St., Ste. 150; Houston, TX 77030
**Email:** CALL@uth.tmc.edu
**Fax:** 713-500-3131