KEAN UNIVERSTITY

Medical Certification Form

Accommodations for Pregnancy, Childbirth, and Related Medical Conditions

Employee Name: _____ Date: _____

Please identify the employee's workplace limitation(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.

Is the identified workplace need(s) related to, affected by, or arising out of pregnancy, childbirth, or a related medical condition? Please circle one: YES NO

If yes, you may provide details below.

Describe the adjustment(s) or change(s) at work that would address the limitation, if known to you.

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

Certifying Health Care Provider Information

Provider Name: _____

Practice Name and/or Specialty: _____

Provider Signature: _____ Date: _____

This form should be returned to Lorice Thompson-Greer, in the Office of Human Resources, via email (lgreer@kean.edu) or confidential fax line 908-737-3319.

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When a medical note will NOT be required:

- You are pregnant and have asked to sit, stand, carry or keep water nearby to drink, or take more frequent breaks for going to the bathroom, eating, or drinking.

- You are requesting accommodations for pumping breast milk at work (like break time or private space).

- It is obvious that you need the accommodation you requested—like a uniform that fits your growing belly.