

KEAN UNIVERSITY

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 detail 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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