BALL STATE UNIVERSITY
Office for People and Culture

# Medical Verification – Healthcare Provider Statement

**The Pregnant Workers Fairness Act**
**Procedures:**

The Ball State University employee identified on this form requests an accommodation due to limitations related to, affected by, or arising out of pregnancy, childbirth, or a related medical condition. In limited situations, University policy requires the employee's healthcare provider to provide current medical verification of the limitations to consider the accommodation request.

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 employees or their family members. In order 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 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: _____
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 can also be used to maintain the employee's health 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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## Are the identified workplace needs related to, affected by, or arising from pregnancy, childbirth, or a related medical condition?

Related medical conditions may include, but are not limited to, 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.

Please check one: ☐ YES ☐ NO



**Employee Relations**
Muncie, Indiana 47306
Phone: 765-285-1843 I Fax: 765-285-5615
emprelations@bsu.edu

**Describe the adjustment(s) or change(s) at work that would address the limitation.**

You may suggest a specific accommodation, but are not required to. You may also state what the employee should or should not do.

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

Provider Name:

Practice Name and/or Specialty:

Provider Signature:

Date:

**Please complete this form, mark it confidential, and forward it to:**

Assistant Director of Equal Opportunity & ADA Coordinator.
Office of Employee Relations
2000 W. University Avenue, AD 002
Muncie, IN 47306
FAX: (765) 285-5615



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