CLEVELAND METROPOLITAN SCHOOL DISTRICT

Talent Department

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MEDICAL INQUIRY FORM
RESPONSE TO AN ACCOMMODATION REQUEST

Employee: _____ **Job Title:** _____

A. Questions to help determine whether an employee has a disability.

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment?	Yes ☐	No ☐

If *yes*, what is the impairment?

Answer the following question based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used.
Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity as compared to most people in the general population? *Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.*	Yes ☐	No ☐

If *yes*, what major life activity(s) (includes major bodily functions) is/are affected?

☐ Bending	☐ Hearing	☐ Reaching	☐ Speaking	☐ Other: (describe)
☐ Breathing	☐ Interacting With Others	☐ Reading	☐ Standing	
☐ Caring For Self	☐ Learning	☐ Seeing	☐ Thinking	
☐ Concentrating	☐ Lifting	☐ Sitting	☐ Walking	
☐ Eating	☐ Performing Manual Tasks	☐ Sleeping	☐ Working	

Major bodily functions:

☐ Bladder	☐ Digestive	☐ Lymphatic	☐ Reproductive
☐ Bowel	☐ Endocrine	☐ Musculoskeletal	☐ Respiratory
☐ Brain	☐ Genitourinary	☐ Neurological	☐ Special Sense Organs & Skin
☐ Cardiovascular	☐ Hemic	☐ Normal Cell Growth	☐ Other: (describe)

☐ Circulatory ☐ Immune ☐ Operation of an Organ

B. Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

Specify the limitation(s) is interfering with job performance or accessing a benefit of employment?

Please review the attached job description. (If no job description is attached, please discuss the position with the employee to determine essential job duties)

Which job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access a benefit of employment?

Is the employee able to perform the essential job functions of this position with accommodations?

Yes / No

If *yes*, how long will the employee require accommodation to perform these job duties?

____# of weeks ____# of months ____Permanently ____Other: _____

If *no*, how long will the employee be unable to perform these job duties?

____# of weeks ____# of months ____Permanently ____Other: _____

C. Are the requested accommodations due to the employee's disability or condition that puts the person at greater risk of severe illness if the person contracts COVID-19

Yes / No

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship.
The following questions may help determine effective accommodations:

Under recommendation of the CDC, would these accommodations allow the person to return to work? (Select All that Apply)

- ☐ Modified protective gear and equipment
- ☐ Reduced contact with others by isolating employees while working
- ☐ Changes to the work environment such as designating using plexiglass, tables, or other barriers to ensure minimum distances between coworkers whenever feasible

- ☐ Temporary job restructuring of marginal job duties,
- ☐ Modifying a work schedule or shift assignment to perform safely the essential functions of the job while reducing exposure to others in the workplace or while commuting
- ☐ None of these options would allow the employee to return to work at this time.

If remote/telework or a reduced work schedule is not available for this positon, do you have any suggestions regarding possible accommodations to improve the employee's ability to perform his/her essential job functions?

D. Medical Provider Information

Medical Professional's Signature | Date

Printed Name | Type of Practice

Phone Number

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.

Return this form by email or Fax to:

Employee Relations
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