



## 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 impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the employee have a mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 the employee's ability to engage in a major life activity as compared to most people in the general population?  <i>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.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

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

<input type="checkbox"/> Ability to Work	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Lifting	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Other: (describe) _____ _____ _____
<input type="checkbox"/> Bending	<input type="checkbox"/> Eating	<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Speaking	
<input type="checkbox"/> Breathing	<input type="checkbox"/> Engaging in Social Activities	<input type="checkbox"/> Reaching	<input type="checkbox"/> Standing	
<input type="checkbox"/> Caring For Self	<input type="checkbox"/> Hearing	<input type="checkbox"/> Reading	<input type="checkbox"/> Thinking	
<input type="checkbox"/> Climbing Stairs	<input type="checkbox"/> Interacting With Others	<input type="checkbox"/> Seeing	<input type="checkbox"/> Walking	
<input type="checkbox"/> Communicating	<input type="checkbox"/> Learning	<input type="checkbox"/> Sitting	<input type="checkbox"/> Working	
			<input type="checkbox"/>	

**Major bodily functions:**

<input type="checkbox"/> Bladder	<input type="checkbox"/> Digestive	<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Bowel	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Brain	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Special Sense Organs & Skin
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Hemic	<input type="checkbox"/> Normal Cell Growth	<input type="checkbox"/> Other: (describe)
<input type="checkbox"/> Circulatory	<input type="checkbox"/> Immune	<input type="checkbox"/> 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:

What functional limitation(s) is interfering with job performance?

---

---

What specific job function(s) is the employee having trouble performing because of the limitation(s)?

---

---

Please review the attached **Job Profile-Essential Job Duties**. Is the employee able to perform the essential job duties of this position with or without accommodation?

**Yes** In my medical opinion, the employee is able to perform the essential job duties. No accommodations are necessary at this time.

**No** In my medical opinion, the employee is not able to perform the essential job duties with or without accommodation.

Please provide your expectation for how long the employee be unable to perform these job duties?

\_\_\_ # of weeks \_\_\_ # of months \_\_\_ Permanently

**Yes with Accommodations** In my medical opinion, the employee is able to perform the essential job duties, **but only with recommended accommodation(s) in place.**

Please provide your expectation for how long the recommended accommodations will need to be in place in order for the employee to be able to perform these job duties?

Restrictions are **TEMPORARY** through \_\_\_\_\_ (date)  Restrictions are **PERMANENT**

If the answer above is "**Yes with Accommodations**", what work restriction(s) or functional limitations does the employee's disability produce that are in need of accommodation? Please be as specific as possible. (e.g. list activities, environments, and/or interactions that are limited, etc.) **List all necessary work restrictions with sufficient detail, so all parties will understand how to interpret and apply them. Any recommended accommodations must be supported with clear work restrictions that make the accommodation medically necessary:**

**List of work restrictions / functional limitations:**

---

---

---

---

**C. Questions to help determine effective accommodation options.**

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:

Do you have any suggestions regarding possible accommodations to improve the employee's ability to perform his/her essential job functions?

---

---

---

---

How would your suggestions improve the employee's ability to perform his/her essential job functions?

---

---

**D. Other questions or comments.**

Any additional comments or suggestions:

---

---

---

---

Medical Professional's Signature

Date

Printed Name

Type of Practice

Phone Number

Address

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.