

**MEDICAL INQUIRY IN RESPONSE TO AN ACCOMMODATION
(TO BE COMPLETED BY TREATING PHYSICIAN)**

Name of Employee: _____

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

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

Is the impairment long-term or permanent? Yes No

If *not* permanent, how long will the impairment likely last? _____

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 limit the employee in one or more of the following life activities?

Interacting with others	yes / no	Standing	yes / no
Performing manual tasks	yes / no	Reaching	yes / no
Concentrating	yes / no	Thinking	yes / no
Reproduction	yes / no	Seeing	yes / no
Breathing	yes / no	Speaking	yes / no
Working	yes / no	Learning	yes / no
Toileting	yes / no	Lifting	yes / no
Sleeping	yes / no	Sitting	yes / no
Caring for self	yes / no	Walking	yes / no
Hearing	yes / no	Bending	yes / no

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.

Please review the job description to assist in answering the following questions.

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

What job function(s) is the employee having trouble performing because of the limitation(s), including limitations caused by any treatment?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

C. Questions to help determine effective accommodation options.

Do you have any suggestions regarding possible accommodation(s) to assist employee in performing his/her job duties? If so, what are they?

How would your suggestions enable the employee to perform the essential functions of his/her job?

What is the duration of the suggested accommodation(s)? _____

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D. Comments

Signature of health care provider

Date

Physician's Name

Address

City, State, Zip Code

Phone number

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