

MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

Employee Name		Date of Request	
Medical Professional's Name	Main Phone Number	Fax Number	
Street Address	City	State	Zip Code

ESTABLISHING EMPLOYEE DISABILITY

For reasonable accommodation under the ADA, an employee has a disability if they have an impairment that substantially limits one or more major life activities or a history of such an impairment. The following questions may help determine whether an employee has a disability and should be completed by the employee's primary physician or another involved medical professional. However, please keep in mind, employees should not be required to have their doctor complete or return this form if the employee has not specifically requested an accommodation, or put the employer on notice that an accommodation may be necessary. Please consult with an HR professional if you are ever unsure before proceeding:

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

If yes, what is the impairment? _____

Is the impairment long-term or permanent? Yes No

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

Answer the following questions 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, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity? Yes No

Note: The condition does not need to significantly or severely restrict to meet this standard.

If yes, what major life activity or activities is/are affected?

- | | | | |
|--|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Standing | <input type="checkbox"/> Seeing | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Concentrating |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Learning | <input type="checkbox"/> Reproduction |
| <input type="checkbox"/> Working | <input type="checkbox"/> Toileting | <input type="checkbox"/> Sitting | |

Other: (describe)

Does the impairment substantially limit the operation of a major bodily function? Yes No

Note: The condition does not need to significantly or severely restrict to meet this standard.

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

DETERMINATION OF ACCOMMODATION NECESSITY

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 limitation(s) is interfering with job performance?

Will the employee need to be absent due to the condition? Yes No

If yes, for how long? _____

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

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

DETERMINING 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:

Are there any suggestions for possible accommodations to improve performance? Yes No
If so, what are they?

How would your suggestions improve the employee's job performance?

Comments (Use Back as Needed)

Medical Professional's Signature: _____ **Date:** _____

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