ADA Job Accommodation Request and Medical Inquiry Form

American's with Disabilities Act (ADA) and American's with Disabilities Act Amendments Act (ADAAA). The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform the essential functions of their job safely and effectively. ***This form is filed separately from the employee's personnel file and is treated confidentially.***

Genetic Information Nondiscrimination Act of 2008 Disclosure: This authorization does not cover, and the information to be disclosed should not contain genetic information. **"Genetic Information"** includes information about an individual's genetic tests; information about genetic tests of an individual's family members; information about the manifestation of a disease or disorder in an individual's family members (family medical history); an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.

Date: _____

To:
Medical Provider Name: _____

Medical Provider Address: _____

RE:
Employee Name: _____ Date of Birth: _____

The above employee has requested a reasonable accommodation under the Americans with Disabilities Act ("ADA"), as amended, to enable the employee to perform the essential functions of his/her position. The information requested on this form will assist us in making a determination regarding the employee's request. The employee's request and authorization for release of medical information are attached to this document.

INSTRUCTIONS: Please complete the following form and have it signed by the employee's attending health care provider. Attach additional pages as needed. Do not provide information not related to the employee's ability to perform his/her job duties. For example, do not identify the impairment if it does not have an impact on the employee's ability to do his/her job.

Please complete each section and fax the signed and dated original form using the contact information below.

Questions to help determine whether the employee has a disability.

Existence of impairment: For reasonable accommodation under the ADA, the employee has a disability if he or she has a physical or mental impairment that substantially limits one or more major life activities or a record of such impairment.

1. Does the employee have a physical or mental impairment? ☐ YES ☐ NO

    1. If yes, what is the impairment? _____

    _____

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2. Does the employee have a record of a substantially limiting impairment and needs a reasonable accommodation related to the past disability? ☐ YES ☐ NO

   a. If yes, what was the impairment? _____

_____

Limitations on major life activities: 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 without regard to the ameliorative effects of any mitigating measures. Mitigating measures include, but are not limited to, things such as medication, medical supplies, equipment, hearing aids, mobility devices, assistive technology, auxiliary aids or services, prosthetics, etc. You should consider the ameliorative effects of ordinary eyeglasses or contact lenses, however, in determining whether an impairment substantially limits a major life activity.

1. Does the impairment substantially limit a major life activity as compared to most people in the general population? ☐ YES ☐ NO

2. **If yes**, what major life activity(s) (including major bodily functions) is/are affected? (Please check all that apply)

☐ Bending	☐ Learning	☐ Sitting
☐ Breathing	☐ Lifting	☐ Speaking
☐ Caring for Self	☐ Performing manual tasks	☐ Sleeping
☐ Eating	☐ Reaching	☐ Standing
☐ Hearing	☐ Reading	☐ Thinking
☐ Interacting with others	☐ Seeing	☐ Walking

Other: Please describe: _____

Major Bodily Functions: (Please check all that apply)

☐ Bladder	☐ Endocrine	☐ Neurological
☐ Bowel	☐ Genitourinary	☐ Normal Cell Growth
☐ Brain	☐ Cardiovascular	☐ Operation of an Organ
☐ Immune	☐ Reproductive	☐ Circulatory
☐ Lymphatic	☐ Respiratory	☐ Digestive
☐ Musculoskeletal	☐ Special Sense Organs	

3. **Duration:** Describe the nature, severity and anticipated duration of the impairment.

Temporary (explain): _____

Anticipated duration: _____

Temporary with residual side effects (explain): _____

Permanent (explain): _____

Chronic (explain): _____

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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.

1. What limitation(s) is interfering with job performance or accessing a benefit of employment?

2. What job functions or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)?

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

An individual with a record of a substantially limiting impairment may be entitled, absent undue hardship, to a reasonable accommodation if needed and related to the past disability.

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

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

Question to help determine effective accommodation options.

If an employee has a disability and needs an effective 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:

2. Do you have any suggestions regarding possible accommodations that are needed to improve job performance?
   ☐ YES ☐ NO
   a. If so, what are they?

Health Care Provider Name (Print): _____

Health Care Provider Address: _____

Health Care Provider Phone Number: _____

Health Care Provider Signature: _____ Date Signed: _____