

# ADA Workplace Accommodation Request - MEDICAL PROVIDER FORM



(Please complete this form FULLY and attach copies of all medical documentation considered to complete this form.)

**NOTE:** The information sought on this form pertains only to the condition for which the employee is requesting accommodation under the ADA. With few exceptions, the employee has the right to request and review information about them collected using this form. The information we are seeking relates only to any condition you may have that affects your ability to perform your essential job functions. 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 ask that you and your medical provider not provide any genetic information when responding to this request for medical information.

Employee Name: \_\_\_\_\_

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

“Applicants extended an offer of employment, employees, program participants and students who request an accommodation are responsible for obtaining a medical statement that contains a diagnosis, prognosis and the major life function that is substantially limited, unless the disability is visible and/or obvious. This medical statement should include an evaluation as to the effect that the disability has on the prospective employee’s or employee’s ability to perform the duties associated with the position or the participant’s or student’s ability to complete the educational program.” --System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities, Section 8

The ADA defines an **individual with a disability (IWD)** as a person who: (1) has a physical or mental impairment that substantially limits one or more major life activities of such individual; (2) has a record of such impairment; or (3) is being regarded as having such an impairment. Also see *Definitions* under System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities.

### The following questions may help determine whether the employee has a disability.

1. Does the employee have a physical or mental impairment?      Yes       No   
If yes, what is the impairment? \_\_\_\_\_  
\_\_\_\_\_
2. Is the impairment long-term or permanent?      Yes       No   
If *not* permanent, how long will the impairment likely last? \_\_\_\_\_
3. Is the impairment in remission?      Yes       No       If yes, since when? \_\_\_\_\_
4. Is the impairment episodic?      Yes       No   
If yes, how often do the symptoms generally become active? \_\_\_\_\_
5. Are there conditions which would prompt the symptoms to become active? \_\_\_\_\_  
\_\_\_\_\_
6. What are the symptoms when they become active? \_\_\_\_\_  
\_\_\_\_\_
7. What treatment is required when the symptoms become active? \_\_\_\_\_  
\_\_\_\_\_

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 items 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.

8. Does the impairment substantially limit a major life activity? Yes  No   
 If yes, what major life activity(ies) is/are affected?

- |  |  |   |  |                                    |
|--|--|---|--|------------------------------------|
| <input type="checkbox"/> Caring for Self         | <input type="checkbox"/> Walking       | <input type="checkbox"/> Hearing                | <input type="checkbox"/> Lifting       | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Standing                | <input type="checkbox"/> Seeing        | <input type="checkbox"/> Sleeping               | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Working   |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Speaking      | <input type="checkbox"/> Thinking               | <input type="checkbox"/> Learning      | <input type="checkbox"/> Bending   |
| <input type="checkbox"/> Reading                 | <input type="checkbox"/> Communicating | <input type="checkbox"/> Other (describe) _____ |  |                                    |

9. Does the impairment substantially limit the operation of a major bodily function? Yes  No   
 If yes, what bodily function(s) is/are affected?

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

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

A qualified individual 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.

**“Qualified Individual”** means “ a person who, with or without reasonable accommodations, can perform the essential functions of the employment position that such individual holds or desires, or who can complete the requirements of an educational or training program without a fundamental alteration of that program.” --System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities, Definitions

10. What limitation(s) is interfering or may interfere with job performance?

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11. What essential function(s) of the job is the employee or prospective employee having difficulty performing or may have difficulty performing because of the limitation(s)?

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12. How does the employee’s limitation(s) interfere with his/her ability to perform the essential function(s) of the job, if they do?

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