



**MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST**

**Instructions:** The employee should have his/her medical provider to complete this form. This medical inquiry form is needed in order to process an accommodation approval.

Employee Name Employee U#  
 Address Phone Number

**A. Questions to help determine whether or not an employee has a disability.**

A person has a disability under the ADA if the person has an impairment that substantially limits one or more major life activities. The following questions may help determine whether or not an employee has a disability:

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

What is the impairment? \_\_\_\_\_

Is the impairment long term or permanent? Yes  No

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

Does the impairment affect a major life activity? Yes  No

If *yes*, what major life activity(s) is/are affected? This list is not all-inclusive.

<input type="checkbox"/> Caring For Self	<input type="checkbox"/> Eating	<input type="checkbox"/> Reading	<input type="checkbox"/> Normal functioning of: immune system, cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory and endocrine functions.
<input type="checkbox"/> Interacting With Others	<input type="checkbox"/> Lifting	<input type="checkbox"/> Sleeping	
<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Hearing	<input type="checkbox"/> Concentrating	
<input type="checkbox"/> Breathing	<input type="checkbox"/> Seeing	<input type="checkbox"/> Reproduction	
<input type="checkbox"/> Walking	<input type="checkbox"/> Speaking	<input type="checkbox"/> Communicating	
<input type="checkbox"/> Standing	<input type="checkbox"/> Learning	<input type="checkbox"/> Thinking	
	<input type="checkbox"/> Sitting	<input type="checkbox"/> Toileting	
	<input type="checkbox"/> Bending	<input type="checkbox"/> Reaching	<input type="checkbox"/> Other



Policy No. SUS100  
Revision No. 1  
Date of Revision 07/27/20  
Last Review Date 11/10/15  
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**B. Questions to help determine whether or not 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 or not the requested accommodation is needed because of the disability:

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

What limitation(s) is interfering with job performance?

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

**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 job performance? If so, what are they?

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

**D. Comments.**

Medical Professional's Signature: \_\_\_\_\_

Date: \_\_\_\_\_