



MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

(To be completed by medical provider)

Patient Name: \_\_\_\_\_

Medical Provider Name: \_\_\_\_\_

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

For a reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such impairment. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment? Yes [ ] No [ ]
If yes, what is the impairment? \_\_\_\_\_
Is the impairment long-term? Yes [ ] No [ ]
Is the impairment permanent? Yes [ ] No [ ]
If not permanent, how long is the impairment likely to last? \_\_\_\_\_
How often are follow-up visits recommended for reassessment? \_\_\_\_\_

Answer the following question based on limitations the employee has when his/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 substantially limit a major life activity?
Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.
Yes [ ] No [ ]

➤ If yes, what major life activity(s) (includes major bodily functions) is/are affected?

<input type="checkbox"/> Bending	<input type="checkbox"/> Hearing	<input type="checkbox"/> Reaching	<input type="checkbox"/> Speaking	<input type="checkbox"/> Other: (describe)
<input type="checkbox"/> Breathing	<input type="checkbox"/> Interacting with Others	<input type="checkbox"/> Reading	<input type="checkbox"/> Standing	
<input type="checkbox"/> Caring for Self	<input type="checkbox"/> Learning	<input type="checkbox"/> Seeing	<input type="checkbox"/> Thinking	
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Lifting	<input type="checkbox"/> Sitting	<input type="checkbox"/> Walking	
<input type="checkbox"/> Eating	<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Working	

➤ Major bodily functions affected:

<input type="checkbox"/> Bladder	<input type="checkbox"/> Digestive	<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Bowel	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Brain	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Special Sense Organs & Skin
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Hemic	<input type="checkbox"/> Normal Cell Growth	<input type="checkbox"/> Other: (describe)
<input type="checkbox"/> Circulatory	<input type="checkbox"/> Immune	<input type="checkbox"/> Operation of an Organ	

**B. 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:

What are the limitation(s) that interfere with employee's ability to perform job duties?

What job duties is the employee having trouble performing or accessing because of the impairment and/or limitation(s)?

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

<b>C. Questions to help determine effective accommodation options.</b>
If an employee needs an accommodation because of a 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 assist with performance of job duties? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what are the suggested accommodations?

<b>D. Comments or additional information in support of request.</b>
Medical Professional's Signature: _____ Date: _____
DEA/License Number _____
Clinic or Company Name: _____
Address: _____
Phone Number: _____
Fax Number: _____
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.
<b>Return this form by mail, fax or email to:</b> Joelle Butler, Associate Director, Department of Accessibility Services 1946 Starvine Way, Suite 310, Atlanta, GA 30033   Fax: (404) 727-1126   <a href="mailto:oas_employee@emory.edu">oas_employee@emory.edu</a> For questions, please call 404-727-9877