



EMORY  
UNIVERSITY

## Accessibility Services

### Office of Institutional Equity and Compliance

#### ACCOMMODATION REQUEST - MEDICAL INQUIRY FORM

(To be completed by healthcare provider)

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

Healthcare Provider Name: \_\_\_\_\_

##### A. Determining eligibility under the Americans with Disabilities Act

To be eligible for a reasonable accommodation under the ADA, the employee must have an impairment that substantially limits one or more major life activities or a record of such impairment.

Does the employee have a physical, mental/psychological, learning, or sensory impairment?

Yes ☐

No ☐

➤ If yes, what is the nature and severity of the specific impairment (diagnosis)? \_\_\_\_\_

➤

➤ Is the impairment permanent?

Yes ☐

No ☐

➤ If not permanent, give the approximate duration of the limitation imposed by the impairment.

➤ How often are follow-up visits recommended for reassessment? \_\_\_\_\_

Does the impairment affect the employee's ability to perform any daily life activities?

Yes ☐

No ☐

➤ If yes, describe how:

<b>B. Determining whether an accommodation is needed</b>
Does the impairment affect the employee's ability to perform any of the employee's job functions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe what job duties are impacted and how:
<b>C. Effective accommodation recommendations</b>
Provide any recommendations for effective accommodations that would enable the employee to perform their essential job functions.

<b>D. Comments or additional information in support of request.</b>
Healthcare Provider's Signature: _____ Date: _____
DEA/License Number: _____ Phone Number: _____
Clinic or Company Name/ Specialty: _____
Address: _____
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.