

## NWRESD MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

Employee/patient name (please print): \_\_\_\_\_

<b>A. Questions to help determine whether an employee has a disability.</b>		
For reasonable accommodation under the ADA, an employee has a disability if they have an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:		
Does the employee have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the impairment?		
<b>What is the expected duration of the patient's medical condition(s)? Is the condition permanent or temporary (circle one)?</b>		
<b>If temporary, what is the expected duration of the condition?</b>		
Answer the following question based on what limitations the employee has when their 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 as compared to most people in the general population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>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.</i>		
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"/> Breathing	<input type="checkbox"/> Interacting With Others	<input type="checkbox"/> Reading
<input type="checkbox"/> Caring For Self	<input type="checkbox"/> Learning	<input type="checkbox"/> Seeing
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Lifting	<input type="checkbox"/> Sitting
<input type="checkbox"/> Eating	<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Sleeping
		<input type="checkbox"/> Speaking
		<input type="checkbox"/> Standing
		<input type="checkbox"/> Thinking
		<input type="checkbox"/> Walking
		<input type="checkbox"/> Working
		<input type="checkbox"/> Other: (describe)

Major bodily functions:

- |   |  |  |  |
|---|--|--|--|
| <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 limitation(s) is interfering with job performance or accessing a benefit of employment?

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

How does the employee's limitation(s) interfere with their ability to perform the job function(s) or access a benefit of employment?

**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 allow the employee to perform the essential functions of their job?

If so, what are they?

How would your suggestions allow the employee to perform the essential functions of their job?

**D. Is the patient physically and mentally able to perform the duties listed in the job description?**

Yes  No

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:

**E. List the specific duty(ies) that the employee cannot perform or may need modifications and/or accommodations to perform. Please specify what is the expected duration of each limitation (as distinguished from the duration of the condition itself) and severity (mild, moderate or severe) of any limitations noted. Regarding expected duration, please provide specifics, to the extent possible (e.g., number of days, weeks or months).**

**F. If you have noted an area where the employee cannot perform a specific job duty, please comment on the type of job accommodation that would enable the employee to perform the duty (if such an accommodation is possible).**

**G. Is the employee's ability to perform the job responsibilities impaired or improved by medication(s)? If so, what is the prognosis for continued medication at this level? (The District does not need to know what kind of medication is currently being used, but only its effects on job performance).**

**H. What is the expected duration of the patient's medical condition(s)? Is the condition permanent or temporary? If temporary, what is the expected duration of the condition?**

**I. Other questions or comments:**

**J. Do you recommend further assessment by any other medical care professional? \_\_\_\_ Yes \_\_\_\_ No.**

If we have any follow up questions, what is the best contact number to reach you at?

Medical Professional's Printed Name and Title:

\_\_\_\_\_

Medical Professional/Provider's Area of Practice/Specialty:

\_\_\_\_\_

Address of Medical Professional/Provider:

\_\_\_\_\_

Telephone Number of Medical Professional/Provider:

\_\_\_\_\_

Fax Number of Medical Professional/Provider:

\_\_\_\_\_

I certify that all of the above information is true and correct, in my professional judgment.

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

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.