## MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

A. Questions to help determine	ne whether an e	mployee has a	disability.		
A person has a disability under major life activities. The followir					
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 li	kely last?			
Does the impairment affect a major life activity?			Yes 🗆	No	
If yes, what major life activity	(s) is/are affected	d?			
<ul> <li>Caring For Self</li> <li>Interacting With Others</li> <li>Performing Manual Tasks</li> <li>Breathing</li> <li>Working</li> </ul>	<ul> <li>□ Walking</li> <li>□ Standing</li> <li>□ Reaching</li> <li>□ Thinking</li> <li>□ Toileting</li> </ul>	<ul> <li>☐ Hearing</li> <li>☐ Seeing</li> <li>☐ Speaking</li> <li>☐ Learning</li> <li>☐ Sitting</li> </ul>	□ Lifting □ Sleeping □ Concentra □ Reproduct	•	□ Other: (describe)
Is the employee substantially limited in one or more of these major life activities?			Yes 🗆	No	
B. Questions to help determine	ne whether an a	ccommodatior	n is needed.		
An employee with a disability is because of the disability. The for accommodation is needed because of the disability.	llowing question	s may help dete	•		
What limitation(s) is interfering	with job performa	ance?			
What job function(s) is the emp	loyee having trou	uble performing	because of the	e limita	tion(s)?
How does the employee's limita	ation(s) interfere	with his/her abili	ity to perform tl	he job	function(s)?

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## 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