ADA Medical Information Request Form

Employee Name _____ **Position** _____

Department/campus _____ **Job description attached:** ❑ **Yes** ❑ **No**

To be completed by the employee's health care provider

A. Employee Medical Information

In accordance with the Genetic Information Nondiscrimination Act (29 C.F.R. § 1635.9) do not provide any genetic information when responding to this request for medical information.

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

If yes, what is the impairment or the nature of the impairment?

Does the impairment substantially limit a major life activity as compared to most people in the general population? ❑ Yes ❑ No

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

- ❑ Bending
- ❑ Breathing
- ❑ Caring for self
- ❑ Concentrating
- ❑ Eating
- ❑ Hearing
- ❑ Interacting with others
- ❑ Learning
- ❑ Lifting
- ❑ Performing manual tasks
- ❑ Reaching
- ❑ Reading
- ❑ Seeing
- ❑ Sitting
- ❑ Sleeping
- ❑ Speaking
- ❑ Standing
- ❑ Thinking
- ❑ Walking
- ❑ Working
- ❑ Other (describe)

Major bodily functions:

- ❑ Bladder
- ❑ Bowel
- ❑ Brain
- ❑ Cardiovascular
- ❑ Circulatory
- ❑ Digestive
- ❑ Endocrine
- ❑ Genitourinary
- ❑ Hemic
- ❑ Immune
- ❑ Lymphatic
- ❑ Musculoskeletal
- ❑ Neurological
- ❑ Normal Cell Growth
- ❑ Operation of an Organ
- ❑ Reproductive
- ❑ Respiratory
- ❑ Special Sense Organs & Skin
- ❑ Other: (describe)

B. Limitations

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 his/her ability to perform the job function(s) or access a benefit of employment?

C. Accommodation Options

Do you have any suggestions regarding possible accommodations to allow performance of job functions?

If yes, identify possible accommodations:

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

If the accommodation is unpaid leave, how much leave is needed?

D. Other Questions or Comments

Medical Professional's Signature

Date