

**Medical Provider Inquiry Form in Response to an
Accommodation Request**

University Hall, Rm. 285, Phone: (818) 677-2077, Fax: (818) 677-4802, Mail Code: 8208

Employee Name: _____ Phone: _____ Email: _____

A. Questions to help determine the employee’s specific impairments.

In order to qualify for a reasonable accommodation under the ADA, an employee must have either a disability which results in an impairment that substantially limits one or more major life activities, or a record of such an impairment. Your answers to the following questions may help determine whether the employee has such an impairment or record thereof. *

1. Does the employee have a physical or mental impairment? Yes No
2. If yes, what is the impairment?

3. Is the impairment long-term or permanent? Yes No
4. If not permanent, how long will the impairment likely last? _____

Please answer the following questions based on what limitations the employee has when his or her condition is in an active state and no mitigating measures are 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, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

5. Does the impairment substantially limit a major life activity? Yes No
(**Note:** Does not need to significantly or severely restrict to meet this standard.)

6. If yes, what major life activity(s) is/are affected?

Caring for Self	<input type="checkbox"/>	Walking	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Lifting	<input type="checkbox"/>
Interfacing with Others	<input type="checkbox"/>	Standing	<input type="checkbox"/>	Seeing	<input type="checkbox"/>	Sleeping	<input type="checkbox"/>
Performing Manual Tasks	<input type="checkbox"/>	Reaching	<input type="checkbox"/>	Speaking	<input type="checkbox"/>	Concentrating	<input type="checkbox"/>
Breathing	<input type="checkbox"/>	Thinking	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Reproduction	<input type="checkbox"/>
Working	<input type="checkbox"/>	Toileting	<input type="checkbox"/>	Sitting	<input type="checkbox"/>		
Other (Describe)	<input type="checkbox"/>						

7. Does the impairment substantially limit the operation of a major bodily function? Yes No
(Note: Does not need to significantly or severely restrict to meet this standard.)

8. If yes, what bodily function(s) is/are affected?

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

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. Your answers to the following questions may help determine whether the requested accommodation is needed because of the disability:

- What limitation(s) is interfering with the employee's job performance?
- What job function(s) is the employee having trouble performing because of the limitation(s)?
- How does the employee's limitation(s) interfere with his/her ability to perform those job function(s)?

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 to the employer. Your answers to the following questions may help determine effective accommodations:

- Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are your suggestions?
- How would your suggestions improve the employee's job performance?

D. Other Comments.

E. Medical Provider Information:

Medical Provider Name _____
(Please Print)

Name of Medical Practice: _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Medical Provider's Signature _____ **Date** _____

Note: Once completed, this form may be either returned to the employee or mailed to the address below. The employee may choose either.

OFFICE OF EQUITY & DIVERSITY
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* 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.