

**DEPAUW UNIVERSITY
MEDICAL INQUIRY FORM IN
RESPONSE TO AN ACCOMMODATION REQUEST**

A. Questions to help determine whether an employee has a disability.

For reasonable accommodation under the Americans with Disabilities Act (ADA), an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or record of such an impairment. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active. The following questions may help to determine whether an employee has a disability:

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

If yes, what is the impairment? _____

Is the impairment long-term or permanent? Yes ___ No ___

If not permanent, how long will the impairment likely last? _____

Answer the following questions based on what limitations the employee has when his or her 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, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity? Yes ___ No ___

Note: Does not need to significantly or severely restrict to meet this standard.

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

- | | | | | |
|--|---|--|--|----------------------------------|
| <input type="checkbox"/> Caring for Self | <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Lift/bend | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Seeing | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Communicating | |
| <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"/> Interacting with Others | |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Other (describe) _____ | | | |

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.

If yes, what bodily function is affected?

Immune Hemic Circulatory Normal Cell Growth Endocrine
 Digestive Lymphatic Bowel Neurological Reproductive
 Bladder Brain Special Senses
 Normal Cell Growth Special Sense Organs or Skin Musculoskeletal
 Other (describe) _____

B. Questions to help determine whether an accommodation is needed.

Genitourinary Respiratory Cardiovascular

An employee with a disability is entitled to an accommodation only when the accommodation is needed for the employee to perform their job functions 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? _____

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 the 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 (not necessarily the specific accommodation requested by the employee), 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? _____

What is the expected duration of the suggested accommodation(s)? _____

D. Comments: _____

Employee's Signature: _____

Employee's Name Printed: _____

Date: _____

Medical Provider's Signature: _____

Date _____