

MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

To be completed by a diagnosing physician or health/mental health provider

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| Employee Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title/Position: | Phone: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The above is an employee of Schoolcraft College. The employee has requested a reasonable accommodation for a medical condition under the American's with Disabilities Act (ADA) and has identified you as the treating physician. The employee believes a reasonable accommodation relating to their condition is necessary to enable them to perform the essential functions of their job. To assist Schoolcraft College in evaluating their request for accommodation, please answer the following questions. Please provide specific and detailed answers to these questions, using additional pages where necessary. To assist you in completing this medical questionnaire enclosed is a copy of the employee's position description. Some questions contain narratives and definitions, kindly review the narrative and or definitions before answering the question. Schoolcraft College will use the information to evaluate the employee's request for accommodation in accordance with the ADA. The information you provide will be confidential.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Questions to help determine whether an employee has a disability. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>For reasonable accommodation under the ADA, an employee has a disability if he or she has 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:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you examined the employee for impairment relating to their request for a reasonable accommodation? | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please provide date(s) of examination: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the employee have a physical or mental impairment? | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, what is the impairment or the nature of the impairment? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Answer the following question 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, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If yes, what major life activity(s) (includes major bodily functions) is/are affected?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Bending</td> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Reaching</td> <td><input type="checkbox"/> Speaking</td> <td><input type="checkbox"/> Other: (describe)</td> </tr> <tr> <td><input type="checkbox"/> Breathing</td> <td><input type="checkbox"/> Interacting With Others</td> <td><input type="checkbox"/> Reading</td> <td><input type="checkbox"/> Standing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Caring For Self</td> <td><input type="checkbox"/> Learning</td> <td><input type="checkbox"/> Seeing</td> <td><input type="checkbox"/> Thinking</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Concentrating</td> <td><input type="checkbox"/> Lifting</td> <td><input type="checkbox"/> Sitting</td> <td><input type="checkbox"/> Walking</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Eating</td> <td><input type="checkbox"/> Performing Manual Tasks</td> <td><input type="checkbox"/> Sleeping</td> <td><input type="checkbox"/> Working</td> <td></td> </tr> </table> | | | <input type="checkbox"/> Bending | <input type="checkbox"/> Hearing | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Other: (describe) | <input type="checkbox"/> Breathing | <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Reading | <input type="checkbox"/> Standing | | <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Learning | <input type="checkbox"/> Seeing | <input type="checkbox"/> Thinking | | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Lifting | <input type="checkbox"/> Sitting | <input type="checkbox"/> Walking | | <input type="checkbox"/> Eating | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Hearing | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Other: (describe) | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Reading | <input type="checkbox"/> Standing | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Learning | <input type="checkbox"/> Seeing | <input type="checkbox"/> Thinking | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Lifting | <input type="checkbox"/> Sitting | <input type="checkbox"/> Walking | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | | | | | | | | | | | | | | | | | | | | | | | | |

Major bodily functions:

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|---|--|--|--|
| <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 his/her 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 improve job performance?

Yes

No

If yes, what are they?

How would your suggestions improve the employee's job performance?

D. Other comments.

Medical Provider's Signature

Medical Provider's Name (please print)

Address:

Office Phone Number:

Date:

Please return this form (and any additional information) to the employee; or upon employee's request, please fax it directly to Schoolcraft College's Human Resources secured fax at 734-462-4329.

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.