

Blinn College District
Human Resources Office

Medical Inquiry Form in Response to an Accommodation Request

INSTRUCTIONS: The information requested on this form pertains only to the condition for which the employee is requesting accommodation under the ADA. **This form is to be completed by the medical provider of the employee.** Please be detailed and concise in your answers. If you have any questions, please contact the [Human Resources Office, 979.209.7655](tel:979.209.7655) [SUBMIT FORM VIA FAX to 979.209.7559](tel:979.209.7559)

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 employees or their family members. In order to comply with this new 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 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.

Employee Name:	Blinn ID #:	Email:	Phone:
Job Title:	Department:	Campus Location:	Full-Time/ Part-Time:
Immediate Supervisor:	Supervisor's Email:	Date:	

Questions to help determine whether an employee has a disability.

Applicants extended an offer of employment and employees who request accommodation are responsible for obtaining a medical statement that contains a diagnosis, prognosis, and the major life function that is substantially limited. This medical statement should include an evaluation as to the effect that the impairment has on the employee's or prospective employee's ability to perform the duties associated with the position.

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:

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?

Is the impairment episodic? ____ Yes ____ No

Estimate the frequency of flare-ups and the duration of related incapacity the patient may experience (e.g. 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per week month

Duration: _____ hour(s) or day(s) per episode

Are there conditions, which would prompt the symptoms to become active? If yes, please explain.

What are the symptoms when they become active?

What treatment is required when the symptoms become active?

Please 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

Bending ____	Breathing ____	Caring for Self ____	Communicating ____	Concentrating ____
Controlling Bowels ____	Eating ____	Hearing ____	Interacting with Others ____	Learning ____
Lifting ____	Performing Manual Tasks ____	Reaching ____	Reading ____	Reproduction ____
Running ____	Seeing ____	Speaking ____	Sitting ____	Sleeping ____
Standing ____	Thinking ____	Walking ____	Working ____	Other ____

Major Bodily Function (describe) _____

Other: (describe) _____

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

A qualified individual 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.

A qualified individual with a disability means an individual with a disability who, with or without reasonable accommodations, can perform the essential functions of the employment position that such individual holds or desires.

What limitation(s) is interfering or may interfere with job performance?

What essential function(s) of the job is the employee or prospective employee having difficulty performing or may have difficulty performing, because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the essential function(s) of the job, if they do?

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 accommodation:

Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?

How would your suggestions improve the employees' job performance?

Additional Comments:

Medical Provider's Name

Date

Medical Provider's Signature

Office Number/ Fax Number