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

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| **Name:** |  |
| **Address:** |  |

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| **A. Questions to help determine whether a person has a disability**  A person with a disability is a person with an impairment that substantially limits one or more major life activities or has a record of such impairment. The following questions may help determine whether this employee has a disability. | |
| Does the person have a physical or mental impairment? | Yes  No |
| What is the impairment? *(Please be specific, including diagnosis if available.)* | |
| Is the impairment permanent? | Yes  No |
| If ***not*** permanent, how long, to a reasonable medical certainty, will the impairment likely last? If the impairment is episodic and/or in remission, please specify frequency and duration anticipated. | |
| Does the impairment substantially limit a major life activity? | Yes  No |
| If **yes**, what major life activity is substantially limited? *(Check all that apply.)*  Sitting  Standing  Walking  Lifting  Reaching  Seeing  Hearing  Sleeping  Speaking  Breathing  Working  Thinking  Learning  Toileting  Caring for Self  Performing manual tasks  Other:  Operation of major bodily function (i.e. functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, reproduction)  Please specify: | |
| Describe how the major life activity(ies) checked above are substantially limited. | |

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| **B. Questions to help determine whether an accommodation is needed**  A person 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. |
| Which limitation(s) interfere(s) with the employee's ability to perform the essential functions of the position? |
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| Describe, in detail, how the employee's impairment(s) substantially interfere(s) with the major life activity of "working," that is, the employee's capacity to perform the essential functions of their position. |
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| **C. Questions to help determine effective accommodation options**  The following questions may help determine effective accommodation(s) if the employee or student is determined to be disabled. |
| Taking into consideration; the nature, severity, and duration of the impairment, the limitations imposed by the impairment, and the effect of the impairment on the employee's ability to perform the essential functions of the position, what alterations to the employee's duties, if any, may assist the employee in effectively performing the essential functions of the position *(e.g. alternative scheduling, use of accrued paid leave or additional paid leave, scheduled breaks, adaptive equipment, movement/effort restrictions, physical changes to the workplace or equipment, etc.)?* |
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| What, if any, auxiliary aids/or services may assist the employee in effectively performing the essential functions of the position *(e.g. screen readers, sign language interpreters, assistive devices, etc.)*? |
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| **D. Comments** |
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**Medical Provider Name (Print or Type):**

**Address:       Telephone:**

**Medical Provider Signature:** **Date:**

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| Please return this form to:  ADA Office  **Email:** ADA@utsa.edu |