

Medical Inquiry Form in Response to an Accommodation Request

This section should be completed and signed by the employee.

Employee Name _____ Employee ID _____
 UTSA Email _____ Work Phone _____
 Personal Email _____ Personal Phone _____
 Department _____ Job Title _____
 Hours Worked Per Day _____ Days Worked Per Week _____
 Schedule Begin Time _____ Schedule End Time _____

I give permission to my health care provider(s) to release the information on this form and, upon request, to release my medical information relating to this injury/illness to my employer, UTSA. I understand that this information will be used to assist my employer in evaluating my injury/illness to determine if I qualify for a workplace accommodation under the ADA.

Date: _____ Employee's Signature: _____

The following questions should be completed and signed by the medical provider. Please refer to the attached job description when completing the following questions.

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

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 person have a physical or mental impairment?

Is the impairment permanent? If no, please indicate end date.

Does the impairment substantially limit a major life activity? End Date
(if applicable)

	Yes	No	Notes (if applicable)
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	
Bending	<input type="checkbox"/>	<input type="checkbox"/>	
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	
Care for Self	<input type="checkbox"/>	<input type="checkbox"/>	
Communicating	<input type="checkbox"/>	<input type="checkbox"/>	
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	

Driving	<input type="checkbox"/>	<input type="checkbox"/>	
Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	
Interacting with others	<input type="checkbox"/>	<input type="checkbox"/>	
Learning	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	
Performing manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	
Running	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Describe):			

B. Questions to help determine whether an accommodation is needed

A person with a disability is entitled to 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?

What job function(s) is the employee having trouble performing or accessing because of the impairment(s)?

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.

C. Questions to help determine effective accommodation options

The following questions may help determine effective accommodation(s) if the employee 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.)

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.)

D. Other Comments

Medical Provider Name: _____

Address: _____
Street Address / Suite No. City State Zip Code

Phone Number: _____

Medical Provider Signature: _____

Date: _____

Employee Name: _____ Employee ID: _____

Please submit this complete form by one of the following methods.

Email: ADA.Employees@utsa.edu

Fax: 210-458-4644

USPS Mail:

The University of Texas at
San Antonio
People Excellence
Attn: ADA
One UTSA Circle
San Antonio, Texas 78249

This form helps gather information for ADA workplace accommodation and minimizes release of medical information to a supervisor when requesting a workplace accommodation. This form is submitted by the employee to People Excellence. For more information about workplace accommodations, email ada.employees@utsa.edu.

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.