

Employee Name: _____

Health Care Provider Information

For

Reasonable Accommodation

Request

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

For reasonable accommodation under the Americans Disability Act (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 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? (Please be specific) _____

Is the impairment(s) temporary? Yes _____ No _____

If temporary, what is the anticipated duration?

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, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

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

Note: The impairment does not need to significantly or severely restrict the individual to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.

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

- | | | | |
|--|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Hearing | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking |
| <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"/> Other |

If yes, what major bodily functions is/are affected?

- | | | | |
|---|--|--|--|
| <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. Question 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. Accommodation ideas and suggestions are always welcome and can be helpful however, employers do get to choose the effective accommodation that will be provided for an employee, as outlined by the EEOC. To assist us in determining the most appropriate and effective accommodation(s), the employer needs to know what specific symptoms and functional limitations are creating barriers for the employee. The following questions may help determine whether the requested accommodation is needed because of the disability. Please answer the following with as much detail as possible. Thank you

1. What limitation(s) is interfering with job performance or accessing a benefit of employment?
(What is getting in the way of the employee from doing their job?)

2. What specific job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitations?

3. How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access 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.

1. Do you have any suggestions regarding possible accommodations to improve job performance?

No

Yes: please explain what they are:

How would your suggested accommodations improve the employee's job performance?

D. Other Questions and Comments.

Medical Professional's Signature

Date

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities 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.

Please return form to Jennifer Eckert-Dennison, Designee for Reasonable Accommodation (DRA), SUNY Cortland.

Fax : 607-753-5994

Email: jennifer.eckertdennison@cortland.edu