Jefferson County
Compliance Office/Equity & Inclusion Division
Medical Inquiry for Reasonable Accommodation Form

The following employee has made a request for an accommodation. In order to assist, we are requesting that you answer the following questions based on your medical expertise.

Employee Name: _____ Date: _____

Does the employee have a physical or mental impairment **(circle one response)**? Yes ☐ No ☐
If *yes*, what is the nature of the impairment?

_____
_____
_____
_____

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 may include, but are not limited to, 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 **(circle one response)**? Yes ☐ No ☐

For purposes of providing a reasonable accommodation under the ADA, an employee has a disability if he or she has a physical or mental impairment that substantially limits one or more major life activities or has a record of such an impairment. The following questions may help determine whether an employee has such a disability:

What life activity(s) (includes major bodily functions) is/are affected?

- ☐ Bending
- ☐ Breathing
- ☐ Caring For Self
- ☐ Concentrating
- ☐ Eating
- ☐ Hearing
- ☐ Interacting With Others
- ☐ Learning
- ☐ Lifting
- ☐ Performing Manual Tasks
- ☐ Reaching
- ☐ Reading
- ☐ Seeing
- ☐ Sitting
- ☐ Sleeping
- ☐ Speaking
- ☐ Standing
- ☐ Thinking
- ☐ Walking
- ☐ Working
- ☐ Other: (describe)

Major Bodily Functions:

- ☐ Bladder
- ☐ Bowel
- ☐ Brain
- ☐ Cardiovascular
- ☐ Circulatory
- ☐ Digestive
- ☐ Endocrine
- ☐ Genitourinary
- ☐ Hemic
- ☐ Immune
- ☐ Lymphatic
- ☐ Musculoskeletal
- ☐ Neurological
- ☐ Normal Cell Growth
- ☐ Operation of an Organ
- ☐ Reproductive
- ☐ Respiratory
- ☐ Special Sense Organs & Skin
- ☐ Other: (describe)

An employee with a disability is entitled to an accommodation 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.

Please review attached job description with the employee. Is the employee able to perform the essential job functions of this position **(circle one response)**? ☐ Yes ☐ No (If yes, please continue to next question.)

If no, what is the estimated duration that the employee will be unable to perform these job duties? Enter estimated number below:
Week(s):_____ Month(s):_____ Permanently:_____

What condition is impacting the employee's ability to perform the job function(s) or access a benefit of employment?

_____
_____
_____
_____

How does the employee's condition impact his/her ability to perform the job function(s) or access a benefit of employment?

_____
_____
_____
_____

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:

What adjustments to the work environment or position responsibilities (i.e., leave, modified work, etc.) would enable the employee to perform the essential functions of the position?

_____
_____
_____
_____
_____

Approximately, how long will the employee need the reasonable accommodation, if known?

Duration: _____

Physician Signature: _____ Date: _____

Printed Name of Physician: _____ Specialty: _____

Health Care Provider Address: _____ Phone: _____