



MEDICAL PROVIDER QUESTIONNAIRE

Medical Provider:

Employee Name:

Job Evaluated:

Please Return By:

State and federal law prohibit employers from discriminating against individuals with disabilities and in some circumstances require providing accommodations so that an applicant or employee can perform the essential duties of a job. It is the policy of the District to comply with all federal and state laws and regulations concerning the employment of persons with disabilities and not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment. The District will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job unless doing so would cause an undue hardship or a direct threat to these individuals or others in the workplace which cannot be eliminated by reasonable accommodation.

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. "Major life activities," including caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of a major bodily function, such as functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

Determining whether an impairment substantially limits a major life activity requires an individualized assessment. An impairment that is episodic or in remission may meet the definition of disability if it would substantially limit a major life activity when active. Examples include epilepsy, hypertension, asthma, diabetes, major depressive disorder, bipolar disorder and schizophrenia. An impairment that is in remission but may return in a substantially limiting form, is also a disability.

Please answer and return the following questionnaire to your patient within the time frame indicated. The questionnaire format is a guide and we appreciate a response to every question. We need your complete medical opinion, so please feel free to include a more detailed narrative response to any and all questions if needed to answer more fully. Thank you for your cooperation.

When giving your opinion as to whether our employee has an impairment that substantially limits a major life activity, please do not take into consideration any ameliorative effects of mitigating measures, such as medications, medical supplies, equipment, or appliances, low-vision devices (other than ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies; use of assistive technology; reasonable accommodations or auxiliary aids or services; or learned behavioral or adaptive neurological modifications.

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.

1. Does the employee have a physical or mental impairment? Yes No

2. If so, please state the type of impairment: _____

3. Does the employee's impairment substantially limit any major life activities? Yes No

4. If so, which major life activities are limited? _____

5. For each major life activity that is limited by the impairment, please describe how the employee is restricted as to the condition, manner, or duration under which that activity can be performed as compared to the way in which an average person in the general population can perform that activity.

6. What is the duration or expected duration of the employee's impairment? _____

7. Attached is a job description for our employee's position. In your opinion can the employee perform all job functions? Yes No

8. If not, which job functions cannot be performed, and why not? _____

9. Please describe any reasonable accommodation that would allow this employee to be able to perform those job functions.

10. If medical leave is one of the possible accommodations listed above, please provide an estimated duration for the leave.

11. Do you foresee that the employee's performance of any job functions would result in any significant threat to the health, safety or well-being of this employee or other people (co-workers, students, member of the general public, etc.)? Yes No

12. If yes, please describe:

Which job function(s) would pose such a threat:

What direct safety or health threat would be posed:

Are there reasonable accommodations that would eliminate the direct safety or health threat or reduce it to an acceptable level?

Signature of provider completing form: _____ Date: _____

Printed name of provider: _____

Mailing address: _____

Employee: Please return this form to _____ after it has been completed by your provider.