



Greater Happens Here
Office of Equal Employment Opportunity
and Title IX Compliance

VIRGINIA STATE UNIVERSITY MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

Patient's Name:

Your patient has requested an accommodation due to a disability under the Americans with Disabilities Act (ADA). To be eligible under the ADA, an individual must have a qualifying disability that limits a major life activity, and be able to perform the essential functions of their position with or without an accommodation. The purpose of this form is to assist in the determination of whether the above-named employee has a disability, and whether, or to what extent, a reasonable accommodation is required to enable the above-named employee with a disability to perform the essential functions of their job.

Name of Treating Healthcare Professional:

Title and/or Credentials:

Office Name:

Mailing Address:

Phone Number:

Email Address:

Please provide responses to the following questions:

- A. For reasonable accommodation under the ADA, an employee has a disability if an impairment substantially limits one or more major life activities or there is a record of such an impairment. The following questions to help determine whether an employee has a disability.

(1) Does the employee have a physical or mental impairment? Yes ☐ No ☐

(2) If yes, what is the impairment or the nature of the impairment?

(3) Does the impairment substantially limit a major life activity? Yes ☐ No ☐

(Answer this question 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.)

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

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

If yes, what major bodily function(s) is/are affected?

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

B. An employee 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.

(1) What limitation(s) is/are interfering with job performance or accessing a benefit of employment?

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

(3) How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access a benefit of employment?

C. 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) Please identify and describe any suggestions regarding possible accommodations to improve job performance.

(2) How would your suggestions improve the employee's job performance?

Medical Professional's Signature

Date

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.