

OFFICE USE ONLY

Case Number: _____



**MEDICAL INQUIRY FORM
FOR EMPLOYEE ADA ACCOMMODATION REQUEST
(To be completed by Health Care Provider)**

**RETURN COMPLETED FORM TO: Diversity & EEO Office, Truth Hall, Room 103,
1700 E. Cold Spring Lane, Baltimore, MD 21251; Phone: 443-885-3559**

Employee's Name _____ Job Title _____

A. QUESTIONS TO HELP DETERMINE WHETHER AN EMPLOYEE HAS A DISABILITY

A person has a disability under the ADA if the person has an impairment that substantially limits one or more major life activities. The following questions may help determine whether an employee has a disability:

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

What is the impairment/diagnosis? _____

Is the impairment long-term or permanent? Yes No

If *not* permanent, how long will the impairment likely last? _____

Does the impairment affect a major life activity? Yes No

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

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

Is the employee substantially limited in one or more of these major life activities? Yes No

B. QUESTIONS TO HELP DETERMINE WHETHER AN ACCOMMODATION IS NEEDED

Which of the major life activities selected are interfering with the employee's ability to perform the job functions?

What job function(s) is the employee having trouble performing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

C. QUESTIONS TO HELP DETERMINE EFFECTIVE ACCOMMODATION OPTIONS

Please state any suggestions regarding possible accommodations to improve the employee's ability to perform his/her job.

How would your suggestions improve the employee's ability to perform the job functions?

D. ADDITIONAL COMMENTS

Physician's Name (*Please Print*) _____

Physician's Signature: _____ Date _____

Phone: _____ Fax: _____