Medical Provider Inquiry Form in Response to an Accommodation Request

HUMAN RESOURCES OFFICE
Holloway Hall Room 153, Phone: (410) 543-6035, Fax: (410) 677-5026

Employee Name:_____Phone: _____Email: _____

A. Questions to help determine the employee's specific impairments.

1. Does the employee have a physical or mental impairment (circle yes or no)? Yes No
2. If yes, what is the impairment?_____
3. How long will the impairment likely last?
   _____
4. Does the impairment substantially limit a major life activity (circle yes or no)? Yes No
5. If so, what activities? _____
   _____
6. Is the employee unable to perform any of the essential functions of his/her job as listed in the position description? If so, please identify each limitation and the suggested duration.
   _____
   _____
   _____
   _____
7. Does the condition cause the employee any functional limitations (e.g. ability to speak, stand, etc.)? If so, please identify each limitation and the suggested duration.
   _____
   _____
   _____
   _____
8. Do you have any suggestions regarding possible accommodations that would permit the employee to perform the essential functions of his/her job? If so, what are your suggestions?
   _____
   _____
   _____
   _____
9. Does the employee require leave from work or a reduced schedule? If so, please describe the additional leave/modified schedule needed and the expected duration.
   _____
   _____
   _____

B. Please provide any additional comments that you believe will help the University in determining, through an interactive process with the employee, whether an accommodation can be provided to assist employee in performing his/her essential job functions.

_____
_____
_____
_____

C. Medical Provider Information:

Medical Provider Name_____
(Please Print)

Name of Medical Practice: _____

Address_____

City_____State_____Zip Code_____

Telephone_____Email_____

Medical Provider's Signature_____**Date**_____

Note: Once completed, this form may be either returned to the employee or mailed to the address below. The employee may choose either.

HUMAN RESOURCES OFFICE
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Holloway Hall, Room 153
1101 Camden Avenue
Salisbury, MD 21801-6860

***** 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.