CALIFORNIA STATE UNIVERSITY EAST BAY

California State University, East Bay
Risk Management and Internal Control

MEDICAL INQUIRY FORM IN RESPONSE TO A DISABILITY ACCOMMODATION REQUEST

NAME OF PATIENT/EMPLOYEE: _____

DATE: _____

A. Questions to help determine whether an employee has a disability.		
For reasonable accommodation under the ADA, 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 impairment. The following questions may help determine whether an employee has a disability*:		
Does the employee have a physical or mental impairment?	Yes ☐	No ☐
If yes, what is the impairment (not the diagnosis)?		
What are the restrictions of the impairment? (e.g. limit standing up to 1 hour or less a day)		
Is the impairment long-term or permanent?	Yes ☐	No ☐
If not permanent, how long will the impairment likely last?		
Does the impairment substantially limit a major life activity? *Note: Does not need to significantly or severely restrict to meet this standard*	Yes ☐	No ☐
If yes, what major life activity(s) 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)

Does the impairment substantially limit the operation of a major bodily function? *Note: Does not need to significantly or severely restrict to meet this standard.*	Yes ☐	No ☐
If yes, what bodily function is affected?		

☐ 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)

B. Questions to help determine whether an accommodation is needed. -

Note: 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:

What limitations(s) is interfering with the job performance?

What are the specific restrictions to these limitations and the durations? (see chart below)

Note: This information will ensure how best to provide a reasonable accommodation that aligns with our University policies and procedures.

Major Life Activity Bodily/Function	**Specific Functional Limitation or Restriction (i.e., specific items or issues to address based on the covered disability**	**Duration based on the Functional Limitation (i.e. time restrictions)**
Example 1: Lifting Example 2: Breathing Example 3: Standing	1. Avoid lifting more than 10 pounds 2. Avoid heavily scented items or perfumes 3. Avoid standing on hard surfaces	1. A day 2. At all times OR provide a portable fan 3. Not to exceed 2 hours a day

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 functions(s)?

C. Questions to help determine whether other accommodations might be effective.
Note: 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 accommodation options:

Do you have any suggestions regarding possible accommodations to improve job performance? Yes ☐ No ☐

If yes, please list possible accommodations:

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

D. Other questions or comments.

Medical Provider Information:

Medical Provider Name (Please Print): _____

Name of Medical Practice: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Medical Provider's Signature: _____ **Date:** _____

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

California State University East Bay
Attn: Jill Millican
25800 Carlos Bee Blvd., SA 1604
Hayward, CA 94542

**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 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's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*