

**UNIVERSITY OF RICHMOND MEDICAL INQUIRY FORM IN
RESPONSE TO AN ACCOMMODATION REQUEST**

SECTION I: For Completion by the EMPLOYEE

Your Name:

UR ID Number

Your Job Title:

Your Regular Work Schedule:

****Please attach a copy of your Job Description to the back of this document.****

SECTION II: For Completion by the PROVIDER

Your Name:

Your Title and Practice Area:

Business Address:

Phone:

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|---|--|-----------------------------|
| 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 an impairment. The following questions may help determine whether an employee has a disability: | | |
| | | |
| Does the employee have a physical or mental impairment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, what is the impairment, condition, or disability? | | |
| How long is the impairment expected to last? | | |
| Does the impairment substantially limit a major life activity as compared to most people in the general population? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | OR Describe the employee's limitations when the impairment is active. | |
| If yes, what major life activity(s) (includes major bodily functions) is/are affected? | | |
| <input type="checkbox"/> Bending <input type="checkbox"/> Hearing <input type="checkbox"/> Reaching <input type="checkbox"/> Speaking <input type="checkbox"/> Other: (describe) | | |

- | | | | |
|--|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Reading | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Learning | <input type="checkbox"/> Seeing | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Lifting | <input type="checkbox"/> Sitting | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working |

Major bodily functions:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Digestive | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Endocrine | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Neurological | <input type="checkbox"/> Special Sense Organs & Skin |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hemic | <input type="checkbox"/> Normal Cell Growth | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Circulatory | <input type="checkbox"/> Immune | <input type="checkbox"/> Operation of an Organ | |

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

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

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

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. Questions to help determine effective accommodation options.

The following questions may help determine effective accommodations:

Please review the attached job description. (If no job description is attached, please discuss the position with the employee to determine essential job duties and typical schedule.) Is the employee able to perform the essential functions of this position in a typical schedule with, or without, reasonable accommodation?

- _____ Yes, with reasonable accommodation
 _____ Yes, without reasonable accommodation
 _____ No, they are unable to perform their essential job functions with or without accommodation.

Do you have any suggestions regarding possible accommodations to perform the essential functions of the position? If so, what are they?

How would your suggestions improve the employee's ability to perform the essential functions of their position?

How long will the employee need the proposed accommodation to perform their job functions?

D. Other questions or comments.

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.