

## FAYETTE COUNTY PUBLIC SCHOOLS MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
 Work Location/Supervisor: \_\_\_\_\_ 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? \_\_\_\_\_

Is the impairment long-term or permanent? Yes  No

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

Can the person continue/return to work (see job description attached)?

- Yes, may continue with restrictions detailed below  
 No, may not continue/return to work until \_\_\_\_\_

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

Does the impairment affect a major life activity? Yes  No

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

<input type="checkbox"/> Caring For Self	<input type="checkbox"/> Walking	<input type="checkbox"/> Hearing	<input type="checkbox"/> Lifting over _____ lbs	<input type="checkbox"/> Other: (describe)
<input type="checkbox"/> Interacting With Others	<input type="checkbox"/> Standing over _____ minutes	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sleeping	
<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Reaching	<input type="checkbox"/> Speaking	<input type="checkbox"/> Concentrating	
<input type="checkbox"/> Bending	<input type="checkbox"/> Thinking	<input type="checkbox"/> Learning	<input type="checkbox"/> Reproduction	
<input type="checkbox"/> Breathing	<input type="checkbox"/> Toileting	<input type="checkbox"/> Sitting over _____ minutes		
<input type="checkbox"/> Working				

**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?

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

**C. Questions to help determine effective accommodation options.**

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:

Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?

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

**Medical Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Professional's Printed Name:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**"We are asking you not provide any genetic information when responding to this request for medical information."**