



Medical Inquiry Form in Response to Employee Request for Accommodations

INSTRUCTIONS to MEDICAL PROFESSIONAL

A patient in your care who is also an employee of the Mat-Su Borough School District has requested an accommodation at his/her place of employment because of a health condition or impairment.

Please fill out the attached Medical Inquiry Form so that the District can evaluate its obligation to provide an accommodation for this employee.

After you have completed the form, please return it to your patient or directly to the District's EEO Officer at 501 N. Gulkana St., Palmer, AK 99645 or by email to EEO@matsuk12.us.

Please note that the information you provide in answering the attached form will be maintained as confidential separate from the employee's personnel file.

Thank you for your time and cooperation.

Patient/employee name: _____

A. Questions to help determine whether an employee has a disability.

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? _____

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 | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Standing | <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"/> Breathing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Learning | <input type="checkbox"/> Reproduction | |
| <input type="checkbox"/> Working | <input type="checkbox"/> Toileting | <input type="checkbox"/> Sitting | | |

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.

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)?

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



Patient/employee name: _____

C. Questions to help determine effective accommodation options.

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?

D. Comments (use additional pages as necessary)



Name of Medical Professional

Date

Medical Professional's Signature

