



## Medical Provider Inquiry Form in Response to an Accommodation Request

Student Services West Building, Level 2, Phone (909) 869-4095, Email [ADACoordinator@cpp.edu](mailto:ADACoordinator@cpp.edu)

Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### A. Questions to Help Determine the Employee’s Specific Limitations

In order to qualify for a reasonable accommodation, an employee must have either a disability which results in an impairment that limits one or more major life activities, or a record of such impairment. Your answers to the following questions may help determine whether the employee has such an impairment or record thereof. <sup>1</sup>

- 1. Is the impairment or medical condition long-term or permanent?      Yes       No
- 2. If **NOT** permanent, how long will the impairment or medical condition likely last? \_\_\_\_\_

Please answer the following questions based on what limitations the employee has when his or her condition is **in an active state and no mitigating measures are used**. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

- 3. Does the impairment or medical condition limit a major life activity?      Yes       No
- 4. If yes, what is the functional limitation(s)? Please do NOT provide a diagnosis.  
*Example: walking is limited to .5 miles at a time, limit standing to no more than 30 minutes at a time, no lifting over 10lbs. for two weeks*

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<sup>1</sup> 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.

Major Life Activity	Duration	Severity
<i>Example: standing</i>	<i>Two weeks</i>	<i>Limit to 30 min at a time</i>
Bending		
Bladder/bowel		
Breathing		
Caring for oneself		
Circulatory		
Communicating		
Concentrating		
Digestive		
Hearing		
Interacting with others		
Learning		
Lifting ( lbs.)		
Performing manual tasks		
Reaching		
Reading		
Seeing		
Sitting		
Sleeping		
Speaking		
Standing		
Thinking		
Walking		
Working		
Other (Specify):		

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## B. Questions to Help Determine Effective Accommodation Options

Your answers to the following questions help determine effective accommodations:

- Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are your suggestions?
  
- How would your suggestions improve the employee's job performance?

## C. Additional Questions

1. Does the employee have a disability and/or medical condition that makes them more likely to get severely ill from COVID-19" as identified by the [Centers for Disease Control \(CDC\)](#) as it pertains to COVID-19?

Employee DOES NOT HAVE a disability and/or medical condition that makes them more likely to get severely ill if they were to contract coronavirus as outlined by the Centers for Disease Control (CDC) as it pertains to COVID-19. (Please skip to "D. Other comments" and sign, date and return the form).

Employee DOES HAVE a disability and/or medical condition that makes them more likely to get severely ill if they were to contract coronavirus as outlined by the Centers for Disease Control (CDC) as it pertains to COVID-19.

- **PLEASE IDENTIFY WORKPLACE RISKS THAT NEED TO BE ACCOMMODATED OR MITIGATED TO ENSURE A SAFE WORK ENVIRONMENT FOR YOUR PATIENT. WHAT IS IN THE PHYSICAL WORKPLACE THAT IS A MEDICAL RISK FOR YOUR PATIENT:**
  
  
  
  
  
  
  
  
  
  
- **PLEASE IDENTIFY WORKPLACE FACTORS THAT MUST BE PRESENT IN A WORKPLACE TO ENSURE YOU'RE YOUR PATIENT IS SAFE. WHAT ACCOMMODATIONS NEED TO BE IMPLEMENTED FOR YOUR PATIENT IN ANY WORK ENVIRONMENT THEY WORK IN?**

2. **CURRENT WORK ENVIRONMENT:** Review CPPSs Checklist for Staff and Health and Safety Protocols (<https://www.cpp.edu/safer-return/health-and-safety-protocols/index.shtml>) attached. Please be advised that CPP requires a record of vaccination or weekly testing.

The above list of safety measures has been taken to protect your patient and their colleagues as their work has been deemed mission critical/essential to the business. Are the above measures sufficient to support your patient to return to the workplace:

- YES, the above measures are sufficient to support my patient to return to the workplace.  
 NO, the above measures are insufficient to support my patient to safely return to the workplace. The following safety precautions also need to be implemented if my patient is to return to work in the physical workplace: (please be specific)

- NO, there are no workplace accommodations or modifications that can be made that will support me to release my patient to in-person work at this time.  
 OTHER / ADDITIONAL INFORMATION - Please use the space below to include any additional information that you believe would be helpful to the interactive process for this employee:

3. **VACCINATION CLARIFICATION:** CPP is hopeful that with vaccines being more available to employees, vaccinated employees may have the ability to return to the physical workplace. As such, we request clarification on the following:

- a. Is your patient medically expected to be eligible to receive a COVID-19 vaccine?

- NO, my patient is medically restricted from being administered a COVID-19 vaccination due to their personal medical condition.  
 YES, my patient is medically ABLE to receive a COVID-19 vaccination.  
 OTHER:

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- b. If you have RESTRICTED your patient from being in the workplace at this time, and if you have indicated above that your patient IS medically able to be administered a COVID-19 vaccine, will any restrictions listed above – which may limit their ability to return to the physical workplace – end 2 weeks after their final dose?
- YES, 2 weeks after my patient has their final dose of vaccine, they can return to the workplace with mask wearing. They will not require additional limitations.
  - NO, even after receiving their final dose of vaccine, my patient remains restricted from working in-person in the workplace. The vaccine does not change their COVID-related accommodation needs.
  - OTHER / ADDITIONAL INFORMATION:

- c. If you have answered NO to the above question and that your patient CANNOT return to the workplace even after they are vaccinated, please clarify how long the employer would need to expect your patient to be restricted from returning to performing work in the physical workplace.
- PERMANENTLY, patient would not be expected to be able to return to working in the physical workplace.
  - TEMPORARILY THROUGH \_\_\_\_\_ (DATE), on or about this date it would be expected they will be medically released to return to work in the physical workplace.
  - UNKNOWN, ADDITIONAL CLARIFICATION:

**D. Other Comments**

**E. Medical Provider Information**

Medical Provider Name: \_\_\_\_\_

Name of Medical Practice: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Once completed, this form may be either returned to the employee or mailed to the address below. The employee may choose to either upload the form to DocuSign, return the form to the Employee/Labor Relations in person (SSB 121W), or mail it to:**

**Employee and Labor Relations  
Attn: Manuel Montilla  
California State Polytechnic University  
3801 W. Temple Avenue  
Pomona, CA 91768**