Medical Provider Inquiry Form in Response to an Accommodation Request

Student Services West Building, Level 2, Phone (909) 869-4095, Email 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. [1]

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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[1] 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
Example: standing	*Two weeks*	*Limit to 30 min at a time*
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):		

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. Other Comments

D. 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 and 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