

## Medical Questionnaire for Reasonable Accommodation Requests

To be completed by the medical provider of the requester

**Privacy Notice:** State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact [EmployeeBenefits@tamusa.edu](mailto:EmployeeBenefits@tamusa.edu) or (210) 784-2058.

**INSTRUCTIONS** The information requested on this form pertains only to the condition for which the employee is requesting accommodation under the ADA. This form is to be completed by the medical provider of the requester. Please be as detailed as possible in your answers. If you have any questions, please contact [EmployeeBenefits@tamusa.edu](mailto:EmployeeBenefits@tamusa.edu) or 210.784.2058.

**Please do not use abbreviations on any of the fields.**

**Practitioner:** 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 employees or their family members. In order to comply with this new 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 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.

**Please do not use abbreviations on any of the fields.**

### HR Department's Section:

Employee Name (print)	UIN	Date
Employee Job Title (print)	Employee's Department ( <b>No abbreviations - print</b> )	
Department's HR representative (print)	Department's HR Liaison Work Phone	

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

Applicants extended an offer of employment and employees who request an accommodation are responsible for obtaining a medical statement that contains a [1] diagnosis, [2] prognosis, and [3] the major life function that is substantially limited. This medical statement should include [4] an evaluation as to the effect that the impairment has on the employee's or prospective employee's ability to perform the duties associated with the position.

The ADA defines an individual with a disability as a person who: (1) has a physical or mental impairment that substantially limits one or more major life activities of such individual; (2) has a record of such impairment; or (3) is being regarded as having such an impairment.

1. Does the employee have a physical or mental impairment?  Yes  No

If yes, what is the impairment?

2. Is the impairment long-term or permanent?  Yes  No

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

3. Is the impairment episodic?  Yes  No

Estimate the frequency of flare-ups and the duration of related incapacity the patient may (e.g. 1 episode every 3 months lasting 1-2 days):

**Frequency:** \_\_\_\_\_ times per week month

**Duration:** \_\_\_\_\_ hour(s) or day(s) per episode

4. Are there conditions, which would prompt the symptoms to become active?

5. What are the symptoms when they become active?

6. What treatment is required when the symptoms become active?

Please answer the following questions based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were 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.

7. Does the impairment substantially limit a major life activity?  Yes  No

<input type="checkbox"/> Bending	<input type="checkbox"/> Breathing	<input type="checkbox"/> Caring for Self	<input type="checkbox"/> Communicating	<input type="checkbox"/> Concentrating
<input type="checkbox"/> Controlling Bowels	<input type="checkbox"/> Eating	<input type="checkbox"/> Hearing	<input type="checkbox"/> Interacting with Others	<input type="checkbox"/> Learning
<input type="checkbox"/> Lifting	<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Reaching	<input type="checkbox"/> Reading	<input type="checkbox"/> Reproduction
<input type="checkbox"/> Running	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sexual Function	<input type="checkbox"/> Sitting	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Speaking	<input type="checkbox"/> Standing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Walking	<input type="checkbox"/> Working

Major Bodily Function (describe)

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Other: (describe)

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

A qualified individual 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.

A qualified individual with a disability means an individual with a disability who, with or without reasonable accommodations, can perform the essential functions of the employment position that such individual holds or desires.

1. **What limitation(s) is interfering or may interfere with job performance?**
  
2. **What essential function(s) of the job is the employee or prospective employee having difficulty performing or may have difficulty performing, because of the limitation(s)?**
  
3. **How does the employee's limitation(s) interfere with his/her ability to perform the essential function(s) of the job, if they do?**

### **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.

**Undue hardship** means an action requiring significant difficulty or expense when considered in light of the following factors: (a) the nature and cost of the accommodation needed; (b) the overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation; the number of persons employed at such facility, the effect on expenses and resources; or the impact otherwise of such accommodation upon the operation of the facility; (c) the overall financial resources of the covered entity; the overall size of the business of a Covered entity with respect to the number of its employees; the number, type, and location of its facilities; (d) the type of operation or operations of the covered entity, including the composition, structure and functions of the workforce of such entity; the geographic separateness, administrative or fiscal relationship of the facility or facilities in question to the covered entity; (e) the disruption to the employment or educational environment; and (f) the fundamental alteration of the nature or operation of the work or educational program.

**Reasonable accommodation** may include: making existing facilities used by employees, students, and the public readily accessible to and usable by individuals with disabilities; job structuring, part-time or modified schedules; reassignment to a vacant position, acquisition or modification of equipment or devices; appropriate adjustment or modifications of examinations, training materials, or policies; the provision of qualified readers or interpreters; and other similar accommodations for individuals with disabilities.

1. Do you have any suggestions regarding possible accommodations to meet job requirements? If so, what are they?

2. How would your suggestions allow the employee to meet job requirements?

**Additional Comments**

\_\_\_\_\_  
Provider Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature (signature)

\_\_\_\_\_  
Phone Number

**SUBMIT FORM TO:**  
Human Resources Department  
One University Way San Antonio, TX 78224  
EmployeeBenefits@tamusa.edu or Fax 210.784.2056

**Office Use Only**

\_\_\_\_\_  
Date received form

\_\_\_\_\_  
Received by