# MEDICAL INQUIRY FORM

# IN RESPONSE TO AN ACCOMMODATION REQUEST

Employee Name: Click or tap here to enter text.

UNM Banner ID: Click or tap here to enter text.

## **Section I – Disability Determination Questions**

For a reasonable accommodation under the Americans with Disabilities Act (ADA), an employee has a disability if they have an impairment which substantially limits one or more major life activities, or a record of such impairment. The following questions may help determine whether an employee has a disability.

1. Does the employee have a physical or mental impairment? If yes, what is the impairment?

|  |
| --- |
| [INSERT TEXT HERE]  |

1. Does the impairment substantially limit a major life activity or bodily function as compared to most people in the general population?
	1. If yes, describe the employee’s limitations when the impairment is active.

|  |
| --- |
| [INSERT TEXT HERE]  |

* 1. Which of the following major life activity(ies) or bodily function(s) is affected?

 Life Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Bending | [ ]  Breathing | [ ]  Caring for self | [ ]  Concentrating | [ ]  Eating |
| [ ]  Hearing | [ ]  Interacting with others | [ ]  Learning | [ ]  Lifting | [ ]  Performing manual tasks |
| [ ]  Reaching | [ ]  Reading | [ ]  Seeing | [ ]  Sitting | [ ]  Sleeping |
| [ ]  Speaking | [ ]  Standing | [ ]  Thinking | [ ]  Walking | [ ]  Working |
| [ ]  Other (describe) |  |  |  |  |
| Bodily Functions |
| [ ]  Bladder | [ ]  Bowel | [ ]  Brain | [ ]  Cardiovascular | [ ]  Circulatory |
| [ ]  Digestive | [ ]  Endocrine | [ ]  Genitourinary | [ ]  Hemic | [ ]  Immune |
| [ ]  Lymphatic | [ ]  Musculoskeletal | [ ]  Neurological | [ ]  Normal cell growth | [ ]  Organ function |
| [ ]  Reproductive | [ ]  Respiratory | [ ]  Special sense organs and skin | [ ]  Vascular | [ ]  Other (describe) |

## **Section II – Accommodation Determination Questions**

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.

1. What limitation(s) is interfering with job performance or access to a benefit of employment?

|  |
| --- |
| [INSERT TEXT HERE]  |

1. What job function(s) or benefit of employment is the employee having trouble performing or accessing because of the limitation(s)?

|  |
| --- |
| [INSERT TEXT HERE]  |

1. How does the employee’s limitation(s) interfere with their ability to perform their job function(s) or access a benefit of employment?

|  |
| --- |
| [INSERT TEXT HERE]  |

## **Section III – Effective Accommodation Determination Questions**

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 for the employer. The following questions may help determine effective accommodations.

1. Do you have any suggestions for possible accommodations to improve job performance or enable access to a benefit of employment?

|  |
| --- |
| [INSERT TEXT HERE]  |

1. How would your suggestions improve the employee’s job performance or access to a benefit of employment?

|  |
| --- |
| [INSERT TEXT HERE]  |

## **Section IV – Other Questions or Comments**

Please provide any additional information you believe would be helpful in determining an accommodation for the employee.

|  |
| --- |
| [INSERT TEXT HERE]  |

Medical Provider Name: Click or tap here to enter text.

Medical Provider Signature:

Date: Click or tap to enter a date.

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, the University of New Mexico is 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 individuals 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.