

CALVIN COLLEGE

MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

Employee name _____

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

A person has a disability under the ADA if the person has an impairment that substantially limits one or more major life activities. 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 and/or diagnosis? _____

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"/> Thinking | <input type="checkbox"/> Learning | <input type="checkbox"/> Reproduction | |
| | <input type="checkbox"/> Toileting | <input type="checkbox"/> Sitting | | |
| <input type="checkbox"/> Breathing | | | | |
| <input type="checkbox"/> Working | | | | |

Is the employee *substantially limited* in one or more of the major life activities that you checked? Yes No

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

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:

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)?

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C. Question to help determine effective accommodation options.

Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?

Each recommended accommodation should include a detailed explanation of its relevance to the disability that is diagnosed. Evaluator should indicate the level of impaired functioning at which the individual is currently functioning even with the benefits of treatment.

Medical Professional's Signature

Date

Please return this form to: Calvin College
Human Resources
3201 Burton Street SE
Grand Rapids, MI 49546