

Section II: To be completed by the medical care provider directly involved with the care for the impairment identified in the ADA Job Accommodation Request and Medical Inquiry Form.

Instructions to the Physician

A request for a reasonable accommodation has been made by our employee, _____.
In order to assist with the interactive process, we are requesting you to provide feedback to the following questions based on your medical expertise and treatment of this individual. Please answer the questions on this form to help determine the need for reasonable accommodation(s).

Background

An employee has a disability if he or she has an impairment that substantially limits one or more major life activities, or has a record of such an impairment and the impairment does not have an actual or expected duration less than or equal to six months.

The Americans with Disabilities Act (ADA) provides examples of “major life activities,” including “caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communication, working, and the operation of a major bodily function, such as functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.”

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.

Questions to assist in determining whether an employee has a disability: *The following questions may help determine whether an employee has a disability:*

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

2) What is the impairment?

3) How long will the impairment likely last?

☐ > 6 months

☐ 6 months – 1 year

☐ 1 year – 3 years

☐ 3 years – Indefinite

4) Does the impairment substantially limit a major life activity as defined by the ADA? Yes No

If yes, what major life activity, as defined by the ADA, is substantially limited?

Questions to assist in determining whether an accommodation is needed: *The following questions may help determine whether the requested accommodation is needed because of the disability:*

6) What limitation(s) is/are interfering with the ability to perform the essential functions of the job?

7) What job functions(s) is/are the employee having trouble performing because of the impairment?

Questions to assist in determining effective accommodation options: *The following questions may help determine effective accommodations:*

8) Please provide suggestions regarding possible accommodations needed for the employee to perform the essential functions of their job?

9) If implemented, how would these accommodations allow the employee to perform the essential functions of their job?

The ADA Job Accommodation Request and Medical Inquiry Form authorization shall remain valid for 180 days following receipt by the NKU Office of Human Resources. A photocopy of the authorization will be accepted in lieu of the original.

Medical Care Provider Signature: _____

Date: _____

Medical Care Provider Name: _____

Medical Care Provider Contact Info: _____

Return completed form to:

HR Department, LAC 708
100 Nunn Drive
Highland Heights, KY 41099
859-572-6998 (fax)
859-572-5200 (phone)