

MEDICAL INQUIRY FORM FOR REASONABLE ACCOMMODATION REQUESTS



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

For reasonable accommodation under the Rehabilitation Act as amended by the ADAAA, an employee has a disability if he or she has an impairment that 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.

The Genetic Information and 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 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.

Does the employee have a physical or mental impairment? ☒ Yes ☐ No

If yes, what is the impairment?

Post-traumatic stress disorder

Is the impairment long-term or permanent? ☒ Yes ☐ No

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

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

Does the impairment substantially limit a major life activity? ☒ Yes ☐ No

Note: Does not need to significantly or severely restrict to meet this standard.

If yes, what major life activities is/are affected?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Breathing | <input checked="" type="checkbox"/> Learning | <input type="checkbox"/> Reaching | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Caring for Self | <input type="checkbox"/> Lifting/Carrying | <input type="checkbox"/> Reproduction | <input checked="" type="checkbox"/> Thinking |
| <input checked="" type="checkbox"/> Concentrating | <input checked="" type="checkbox"/> Managing Stress | <input type="checkbox"/> Seeing | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Eating | <input checked="" type="checkbox"/> Mental | <input type="checkbox"/> Sitting | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Performing Manual Tasks | <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working |
| <input checked="" type="checkbox"/> Interacting with Others | <input type="checkbox"/> Physical | <input type="checkbox"/> Speaking | |
| <input type="checkbox"/> Other: Describe | | | |

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Does the impairment substantially limit the operation of a major bodily function?

☐

Yes

☐

No

Note: Does not need to significantly or severely restrict to meet this standard.

If yes, what bodily function(s) is/are affected?

- | | | |
|---|---|--|
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Genitourinary / Reproductive Functions | <input type="checkbox"/> Organs and Skin |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Hemic | <input type="checkbox"/> Respiratory |
| <input checked="" type="checkbox"/> Brain | <input type="checkbox"/> Immune System Functions | <input type="checkbox"/> Special Senses |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Circulatory | <input type="checkbox"/> Musculoskeletal | |
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Neurological | |
| <input type="checkbox"/> Endocrine | <input type="checkbox"/> Normal Cell Growth | |

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/are interfering with job performance?

Patient reports anxiety, hyperarousal, emotional dysregulation, interpersonal difficulties, impairment in concentration, and difficulty with time management

What job function(s) is/are the employee having trouble performing because of the limitation(s)?

Patient reports difficulty completing tasks, managing projects, participating in meetings, collaborating, multi-tasking, adhering to schedules and deadlines, and maintaining productivity

How does the employee's limitation(s) interfere with their ability to perform the job function(s)?

Patient reports that environmental factors at work are a trigger which causes above symptoms that interfere with his ability to perform above job functions

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 or removes an essential function. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance?

☒

Yes

☐

No

If so, what are they?

Patient reports that working from home would be a possible accommodation to improve job performance

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How would your suggestions improve the employee's job performance?

Patient reports that a controlled environment with reduced interruptions would improve above symptoms which would thus improve his job performance

D. Comments.

E. Medical Provider Information

Medical Provider's Name: Alexandra Gotssche, DO

Medical Provider's Phone Number: 816-922-2641

Medical Provider's Address: 4801 E Linwood Blvd, Kansas City, MO 64128

Medical Provider's Signature: *Alexandra Gotssche*

(Office Stamp accepted)

Date: 08-01-2024

Employee's Name: Samuel O. Atagana

NOTICE UNDER THE PRIVACY ACT

The authority for collecting this information is The Rehabilitation Act of 1973 (29 U.S.C. § 701), as amended and Executive Order 13164. This information will be used by the Equal Employment Opportunity and Diversity Office to process the request for a reasonable accommodation, and to report on the reasonable accommodation program as mandated by federal law. The information on this form may be disclosed as generally permitted under the Privacy Act of 1974, as amended, 5 U.S.C. § 552a. Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent the processing of the request.

Medical documentation should be submitted to:

Reasonable Accommodation Program
200 Third Street, Room 3104, Parkersburg, WV 26106
Fax 304.480.6074