



PIERCE COLLEGE

Medical Inquiry in Response to an Accommodation Request

Directions for Medical Professionals: Employers may require documentation that establishes your patient's condition and describes how it affects job performance. Medical professionals can play a key role in the success of workplace accommodations for their patients with disabilities by helping them write effective accommodation request letters and providing sufficient medical documentation. Documentation is most likely to help your patient if, using plain language, it explains the following:

- Your professional qualifications and the nature and length of your relationship with the patient. A brief statement is sufficient.
- The patient's diagnosed impairment. If the patient is hesitant to provide the diagnosis, a more general statement about the medical condition may suffice.
- The patient's functional limitations in the absence of treatment. Alternatively, describe the extent to which the condition would limit a "major life activity" such as concentrating, seeing, sitting, standing, walking, or breathing, in the absence of treatment. ***If the effects on functioning come and go, describe what they would be when the symptoms are at their worst.*** It is sufficient to establish substantial limitation of one major life activity.
- The need for a reasonable accommodation. Explain how the patient's condition makes changes at work necessary. For example, if your patient needs an accommodation to perform a particular job function, you should explain how the patient's symptoms - *as they actually are, with treatment*- make performing the function more difficult. If necessary, ask your patient for a description of his or her job duties. *Limit your discussion to the specific problems that may be helped by a reasonable accommodation.* Also explain to the employer why your patient may need an accommodation such as a schedule change (e.g., to attend a medical appointment during the workday) or unpaid time off (e.g., to receive treatment or recover).
- Suggested Accommodation(s). If you are aware of an effective accommodation, you may suggest it. Do not overstate the need for a particular accommodation in case an alternative is necessary.

Here are a few examples:

Example A: Because of Patient X's depression and associated concentration problems, she is having difficulty completing reports on time. One accommodation that might be helpful is to reduce distractions in her workspace. This could be done by moving her to a private office or providing a headset with white noise.

Example B: Because of Patient X's rotator cuff injury and his associated limitations of lifting no more than 25 pounds, pushing/pulling no more than 50 pounds, and no overhead work, he is having difficulty moving some of the boxes in the warehouse. Accommodations that might be helpful include a height-adjustable lifting device, a small lightweight ladder, and help moving some of the heavier boxes.

When in doubt, one or both of the following forms can be used:

- Medical Inquiry Form
- Work Restriction(s) Form

MEDICAL INQUIRY FORM

Patient Name _____

A. Questions to help determine whether an employee has a disability.																											
<p>An employee or applicant has a disability if he or she has an impairment. A disability exists whether it is temporary or permanent, common or uncommon, mitigated or unmitigated, or whether or not it limits the ability to work generally or work at a particular job or whether or not it limits any other activity within the scope of EEOC regulations or WA State regulations. The following questions may help determine whether an employee has a disability:</p>																											
Does the employee have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
If yes, what is the impairment or the nature of the impairment?																											
Is the impairment permanent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
If not permanent, how long will the impairment likely last?																											
<p>Answer the following question 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, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.</p>																											
Does the impairment substantially limit a major life activity as compared to most people in the general population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
<p><i>Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.</i></p>	OR Describe the employee's limitations when the impairment is active.																										
<p>If yes, what major life activity(s) (includes major bodily functions) is/are affected?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Bending</td> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Reaching</td> <td><input type="checkbox"/> Speaking</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Breathing</td> <td><input type="checkbox"/> Interacting With Others</td> <td><input type="checkbox"/> Reading</td> <td><input type="checkbox"/> Standing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Caring For Self</td> <td><input type="checkbox"/> Learning</td> <td><input type="checkbox"/> Seeing</td> <td><input type="checkbox"/> Thinking</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Concentrating</td> <td><input type="checkbox"/> Lifting</td> <td><input type="checkbox"/> Sitting</td> <td><input type="checkbox"/> Walking</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Eating</td> <td><input type="checkbox"/> Performing Manual Tasks</td> <td><input type="checkbox"/> Sleeping</td> <td><input type="checkbox"/> Working</td> <td></td> </tr> </table>			<input type="checkbox"/> Bending	<input type="checkbox"/> Hearing	<input type="checkbox"/> Reaching	<input type="checkbox"/> Speaking	<input type="checkbox"/>	<input type="checkbox"/> Breathing	<input type="checkbox"/> Interacting With Others	<input type="checkbox"/> Reading	<input type="checkbox"/> Standing		<input type="checkbox"/> Caring For Self	<input type="checkbox"/> Learning	<input type="checkbox"/> Seeing	<input type="checkbox"/> Thinking		<input type="checkbox"/> Concentrating	<input type="checkbox"/> Lifting	<input type="checkbox"/> Sitting	<input type="checkbox"/> Walking		<input type="checkbox"/> Eating	<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Working	
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B. Questions to help determine whether an accommodation is needed.																											
<p>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:</p>																											
<p>What limitation(s) is interfering with job performance or accessing a benefit of employment?</p>																											

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

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access a benefit of employment?

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. The following questions may help determine effective accommodations:

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

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

D. Other questions or comments.

Health Care Provider's Name and business address:

Medical Professional's Signature

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, 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.

Return this form to:

Pierce College District

Human Resources Department

9401 Farwest Drive SW

Lakewood, WA 98498

Phone: (253) 964-7342 | Secure Fax: (253) 964-7339

Work Restriction(s) Form

Patient's Name:					Date:				
Health Care Provider's Name and business address:									
Required: Released for work?	<input type="checkbox"/> Worker is released without restrictions as of (date): ___/___/___ (If selected, skip to "Signature" section below)								
	<input type="checkbox"/> The above named employee has been released by the above named physician to Return to Work on ___/___/___ (Date) WITH THE FOLLOWING RESTRICTIONS through ___/___/___ (Date) (If selected, please estimate capacities below)								
Required: Estimate what the worker can do unless released without restrictions.	Worker can: (Related to work injury) A blank space = Not restricted		Never	m 1-10% 0-1 hour	Occasional 3% 1-3 hours	Frequent 6% 3-6 hours	Constant 00% (Not restricted)	Other Restrictions/Instructions:	
	Sit								
	Stand / Walk								
	Perform work from ladder								
	Climb ladder								
	Climb stairs								
	Twist								
	Bend / Stoop								
	Squat / Kneel								
	Crawl								
	Reach Left, Right, Both								
	Work above shoulders L, R, B								
	Keyboard L, R, B								
	Wrist (flexion/extension) L, R, B								
	Grasp (forceful) L, R, B								
Fine manipulation L, R, B									
Operate foot controls L, R, B									
Vibratory tasks; high impact L, R, B									
Vibratory tasks; low impact L, R, B									
Lifting / Pushing		Never	Seldom	Occas	Frequent	Constant			
<i>Example</i>		<i>50 lbs</i>	<i>20 lbs</i>	<i>_____</i>	<i>0 lbs</i>	<i>0 lbs</i>			
Lift L, R, B		_____ lbs	_____ lbs	_____ lbs	_____ lbs	_____ lbs			
Carry L, R, B		_____ lbs	_____ lbs	_____ lbs	_____ lbs	_____ lbs			
Push / Pull L, R, B		_____ lbs	_____ lbs	_____ lbs	_____ lbs	_____ lbs			
Sign									
	Medical Professional's Signature					Date			