CALIFORNIA STATE UNIVERSITY
FULLERTON

MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

NAME OF PATIENT/EMPLOYEE: ______________________________

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 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's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

A. Questions to help determine whether an employee has a disability.		
For reasonable accommodation under the ADA, 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*:		
Does the employee have a physical or mental impairment?	Yes	No
If yes, what is the impairment (not the diagnosis)?		
What are the restrictions of the impairment? (e.g. limit standing up to 1 hour or less a day)		
Is the impairment long-term or permanent?	Yes	No
If not permanent, how long will the impairment likely last?		
Does the impairment substantially limit a major life activity? *Note: Does not need to significantly or severely restrict to meet this standard*	Yes	No

If yes, what major life activity(s) is/are affected?

Caring For Self	Walking	Hearing	Lifting	Others: (describe below)
Interacting with Others	Standing	Seeing	Sleeping	______________
Performing Manual Tasks	Reaching	Speaking	Concentrating	______________
Breathing	Thinking	Learning	Reproduction	______________
Working	Toileting	Sitting	Mental Illness	______________

Does the impairment substantially limit the operation of a major bodily function? *Note: Does not need to significantly or severely restrict to meet this standard.*	Yes	No

If yes, what bodily function is affected?

Immune	Hemic	Circulatory	Others: (describe below)
Normal Cell Growth	Respiratory	Endocrine	______________
Digestive	Lympathic	Reproductive	______________
Bowel	Neurological	Musculoskeletal	______________
Bladder	Sensory	Genitourinary	______________
Organs and Skin	Cardiovascular	Brain	______________
Speech Organs	Immunological		______________

RESPONSE TO A DISABILITY ACCOMMODATION REQUEST FORM (CONTD.)

B. Questions to help determine effective accommodation options.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of a disability. The following questions may help determine whether the requested accommodation is needed because of a disability.

What are the specific restrictions to these limitations and the durations? (see chart below) This information will ensure how best to provide a reasonable accommodation that aligns with our University policies and procedures.

Major Life Activity Bodily/Function	Specific Functional Limitation or Restriction (i.e., specific items or issues to address based on the covered disability	Duration based on the functional Limitation (i.e. time restrictions)
Example 1: Lifting Example 2: Breathing Example 3: Standing	1. Avoid lifting more than 10 pounds 2. Avoid heavily scented items or perfumes 3. Avoid standing on hard surfaces	1. A day 2. At all times OR provide a portable fan 3. Not to exceed 2 hours a day

Please clarify how the above limitation(s) will enable this employee to perform the essential function(s) of the job.

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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RESPONSE TO A DISABILITY ACCOMMODATION REQUEST FOIRM (CONTD.)
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 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 ability to perform the essential function(s) of the job?
Other comments:

Medical Provider Information:

Medical Provider Name

(Please Print): ______________________________

Name of Medical Practice: ______________________________

Address: ______________________________

City: ______________ State: ______________ Zip Code: ______________

Telephone: ______________________ E-Mail: ______________________

Medical Provider's Signature: ______________________Date: __________

Note: Once completed, this form may be either returned to the employee or mailed to the address below. The employee may choose either.

California State University, Fullerton
Human Resources, Diversity and Inclusion - Total Wellness
Attn: Griselda M. Marquez, Manager, Workers' Compensation, Leaves and Disabilitiy Accommodations
P.O. Box 6806 Fullerton, CA 92834-6806

For Office Use Only: **Date Received: ______________________** **Initial: __________**