**ADA Medical Inquiry healthcare provider form**

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| **Date:**  | **Employee Name:**  |
| **Employee Date of Birth:**  | **Employee Job Title:**  |
| **Health Care Provider Name and Address:**  |

**HEALTH CARE PROVIDER INSTRUCTIONS:**The above employee has requested a reasonable accommodation under the Americans with Disabilities Act (“ADA”), as amended, to enable the employee to perform their job duties or access an employment benefit. The information requested on this form will assist us in making a determination regarding the employee’s request. Please review the attached job description, answer the questions, and return this document to:

**Lake Superior College**

**Attn: Human Resources**

**2101 Trinity Road**

**Duluth, MN 55811**

**Fax: 218-733-5937**

Please complete each section of the following form, and sign and date the form. Attach additional pages as needed. Only provide information related to the employee’s ability to perform their job duties or access an employment benefit. For example, do not identify the impairment if it does not have an impact on the employee’s ability to do their job or to access an employment benefit. **Do not send copies of medical records.** We are not authorized to have medical records and are not qualified to interpret them.

**Questions to help determine whether the employee has a disability.**

**Existence of impairment:** For reasonable accommodation under the ADA, the employee has a disability if they have a physical or mental impairment that substantially limits one or more major life activities or a record of such impairment.

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| 1. Does the employee have a physical or mental impairment?
	* Yes
	* No
 |
| If yes, what was the impairment? |
| 1. Does the employee have a record of a substantially limiting impairment and needs a reasonable accommodation related to a past disability?
	* Yes
	* No
 |

**Limitations on major life activities:** Answer the following question based on what limitations the employee has when their condition is in an active state and what limitations the employee would have without regard to the ameliorative effects of any mitigating measures. (The ADAAA prohibits consideration of the ameliorative effects of mitigating measures when assessing whether an impairment substantially limits a major life activity. This means, for example, the ameliorative effects of the insulin a person uses must NOT be considered when determining whether that person’s diabetes is a disability.) Mitigating measures include, but are not limited to, things such as medication, medical supplies, equipment, hearing aids, mobility devices, assistive technology, auxiliary aids or services, prosthetics, etc. One exception to this rule is the use of ordinary eyeglasses or contact lenses. You should consider the ameliorative effects of ordinary eyeglasses or contact lenses in determining whether an impairment substantially limits a major life activity.

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| 1. Does the impairment substantially limit a major life activity as compared to most people in the general population?
	* Yes
	* No
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| If yes, circle the affected major life activity(s) and major bodily function(s): |
| **Major Life Activities:**Bending Learning SpeakingBreathing Lifting StandingCaring for Self Performing ThinkingConcentrating Manual Tasks WalkingEating Reaching Working Hearing Reading Other, please describe: Interacting Sitting with Others Sleeping |
| **Major Bodily Functions:** Bladder Genitourinary Operation of an Organ Bowel Hemic Respiratory Brain Immune Reproductive Cardiovascular Lymphatic Special Sense Organs Digestive Neurological Other, please describe: Endocrine Normal Cell Growth  |
| 1. Describe the nature, severity and anticipated duration of the impairment:

[ ] Temporary (explain): [ ]  Temporary with residual side effects (explain): [ ]  Chronic (explain): [ ]  Permanent (explain): [ ]  Anticipated duration:  |

**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.

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| 1. What limitation(s) are interfering with job performance? How does the employee’s limitation(s) interfere with his/her ability to perform the job function(s)?
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| 1. What job functions is the employee having trouble performing or accessing because of the limitation(s)?
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**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:

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| 1. List any suggestions regarding possible accommodations that are needed to improve job performance:
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| 1. How would your suggestions improve the employee’s job performance or enable the employee to access a benefit of employment?
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| 1. List any additional information:
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| Health Care Provider Name:  | Health Care Provider Signature:  |
| Health Care Provider Phone Number:  | Health Care Provider Fax Number:  |
| Date:  |  |