



## Medical Inquiry in Response to Accommodation Request

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Employee Name: \_\_\_\_\_

### Please answer the following questions related to the employee's disability:

Does the employee have a physical or mental impairment causing substantial limitation in a major life activity as compared to most other people in the general population?

If cyclical or episodic in nature, describe the employee's limitations when the impairment is active.

What major life activity(s) are affected?

What major bodily function are affected?

### Please answer the following questions related to accommodation need:

What substantial limitation(s) is interfering with job performance or accessing a benefit of employment?

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

How does the limitation (s) interfere with their ability to perform the job functions or access a benefit of employment?

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

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

Medical Professional's Name _____
Medical Professional's Signature _____
Medical License # _____
Address _____
City, State, Zip _____
Phone _____
Date Signed _____

**NOTE:** *Do Not provide any genetic information when responding to this request for medical information, such as family medical history, results of individual's or family member's genetic tests, the fact that an individual sought or received genetic services, and genetic information of a fetus carried by individual or individual's family member or embryo lawfully held by an individual or family member receiving assistive reproductive services.*

### **Delivery Instructions for Provider**

Please deliver to the employer in ONE of three ways below:

- Send completed form to:  
ADA Office  
SIU Carbondale  
374 E Grand Ave Suite 220  
MC 4705  
Carbondale, IL 62901
- Provide the completed form to the employee for hand delivery
- Contact the ADA Office by email for other instructions: **ada@siu.edu** or **618-453-5738**

*This form is provided by the Job Accommodation Network (JAN), a service of the US DOL's Office of Disability Employment Policy.*