

HOSTOS COMMUNITY COLLEGE

**MEDICAL INQUIRY FORM IN
RESPONSE TO AN ACCOMMODATION REQUEST**

A. Questions to 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?

Is the impairment long-term or permanent?

Yes

No

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

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?

- | | | | | |
|--|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Lifting | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Standing | <input type="checkbox"/> Seeing | <input type="checkbox"/> Sleeping | |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Concentrating | |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Learning | <input type="checkbox"/> Reproduction | |
| <input type="checkbox"/> Working | <input type="checkbox"/> Toileting | <input type="checkbox"/> Sitting | | |

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?

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

HOSTOS COMMUNITY COLLEGE

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 interfering with job performance?

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)?

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. Is there any additional information that you think is relevant to this inquiry?

Medical Professional's Signature

Date