

HOSTOS COMMUNITY COLLEGE

RELEASE OF MEDICAL INFORMATION FORM

This form is to be completed by the individual requesting a reasonable accommodation.

So that we may properly evaluate your request for reasonable accommodations for your disability, please have your qualified medical provider complete the attached Medical Inquiry Form and return it directly to us at the address listed below. This form, and the information contained on it, will be kept separate from your personnel file and will remain confidential as required by law.

I, _____, authorize my physician, or any other professional clinician who may share in my care, to release to the designated representative of Hostos Community College any and all information which shall be required with respect to my disability and the accommodations being requested.

I understand that this release authorizes my physician to orally discuss these matters with the above officials as necessary in addition to providing a written record.

I understand that this information is being provided to Hostos Community College for it to assess my medical condition(s) and determine whether I have a disability as defined by law and what accommodation, if appropriate, can be made.

I give this authorization voluntarily and with full understanding of its nature.

Name _____ Job Title _____

HCC ID _____

Date _____

Signature _____

Return to:
Hostos Community College
Att: Keisha Pottinger
Human Resources Department
500 Grand Concourse
Room B-215
Bronx, NY 10451

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 <input type="checkbox"/>	No <input type="checkbox"/>																												
If yes, what is the impairment?																														
Is the impairment long-term or permanent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																												
If <i>not</i> permanent, how long will the impairment likely last?																														
<p>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.</p>																														
Does the impairment substantially limit a major life activity? <i>Note: Does not need to significantly or severely restrict to meet this standard.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>																												
<p>If yes, what major life activity(s) is/are affected?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Caring For Self</td> <td><input type="checkbox"/> Walking</td> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Lifting</td> <td rowspan="5" style="vertical-align: top;"><input type="checkbox"/> Other: (describe)</td> </tr> <tr> <td><input type="checkbox"/> Interacting With Others</td> <td><input type="checkbox"/> Standing</td> <td><input type="checkbox"/> Seeing</td> <td><input type="checkbox"/> Sleeping</td> </tr> <tr> <td><input type="checkbox"/> Performing Manual Tasks</td> <td><input type="checkbox"/> Reaching</td> <td><input type="checkbox"/> Speaking</td> <td><input type="checkbox"/> Concentrating</td> </tr> <tr> <td><input type="checkbox"/> Breathing</td> <td><input type="checkbox"/> Thinking</td> <td><input type="checkbox"/> Learning</td> <td><input type="checkbox"/> Reproduction</td> </tr> <tr> <td><input type="checkbox"/> Working</td> <td><input type="checkbox"/> Toileting</td> <td><input type="checkbox"/> Sitting</td> <td></td> </tr> </table>			<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								
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Does the impairment substantially limit the operation of a major bodily function? <i>Note: Does not need to significantly or severely restrict to meet this standard.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>																												
<p>If yes, what bodily function is affected?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Immune</td> <td><input type="checkbox"/> Hemic</td> <td><input type="checkbox"/> Circulatory</td> <td rowspan="9" style="vertical-align: top;"><input type="checkbox"/> Other: (describe)</td> </tr> <tr> <td><input type="checkbox"/> Normal Cell Growth</td> <td><input type="checkbox"/> Special Sense Organs and Skin</td> <td><input type="checkbox"/> Endocrine</td> </tr> <tr> <td><input type="checkbox"/> Digestive</td> <td><input type="checkbox"/> Lymphatic</td> <td><input type="checkbox"/> Reproductive</td> </tr> <tr> <td><input type="checkbox"/> Bowel</td> <td><input type="checkbox"/> Neurological</td> <td><input type="checkbox"/> Musculoskeletal</td> </tr> <tr> <td><input type="checkbox"/> Bladder</td> <td><input type="checkbox"/> Brain</td> <td><input type="checkbox"/> Special Sense</td> </tr> <tr> <td><input type="checkbox"/> Genitourinary</td> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Cardiovascular</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			<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									
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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