



DEPARTMENT OF EMPLOYEE RELATIONS
Disability Medical Information Request Form

ADAAA/WFEA
POLICY AND COMPLIANCE MANUAL
December 2015

NOTE TO MANAGER: This form must be tailored to the employee's specific impairment and requested accommodation; care must be taken to ensure unrelated health care information is not solicited.

Table with 2 columns: Label (Employee, Position Title, Department/Division, Supervisor, Phone, Email) and empty input field.

The following portions of the form are to be completed by the physician/health care provider only and returned by _____ to _____
Address: _____ Phone: _____
Email: _____.

_____ (Insert employee name) of the _____ (Insert name of department) has indicated that he or she has a medical condition that may require reasonable accommodation(s) under the Americans with Disabilities Act Amendment Act (2009) in order to perform the essential functions of his or her position, which is (Insert position title). A copy of the job description is attached.

In order to qualify for a reasonable accommodation under the ADAAA, an employee must have 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 under this definition.

SECTION A: QUESTIONS TO DETERMINE WHETHER AN EMPLOYEE HAS A DISABILITY

1. Does the employee have a physical or mental impairment? [] Yes [] No

2. If yes, what is the employee's impairment or nature of the impairment?

RESPONSE:

Please answer the following questions based upon 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, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

3. a. Does the impairment limit a major life activity as compared to most people in the general population? Yes No

3. b. If the answer to question 3.a. is "yes", describe the employee's limitations when the impairment is active.

RESPONSE:

4. What major life activity (ies) is/are affected? (Major life activities may include: walking, speaking, breathing, sitting, standing, lifting, performing manual tasks, seeing, hearing, caring for oneself, working, etc.)

RESPONSE:

5. Is the disability:

Permanent
Chronic

Temporary
Progressive

Intermittent
Other

If other, please describe: _____

6. What is the extent and/or duration of the disability?

RESPONSE:

7. a. Is there a medical reason to believe that the employee is likely to experience injury, harm or aggravation of the medical condition by performing or attempting to perform the described essential functions (and associated duties and tasks) on the enclosed job description?

Yes No

7. b. If the answer to question 7.a. is "yes," please indicate the degree of injury, harm or aggravation that should be expected, the likelihood of injury, harm or aggravation; the expected duration of the risk and the medical reason for your conclusions.

RESPONSE:

8. a. Is the employee likely to recover sufficiently to perform the essential functions, including the associated tasks and duties, described to you in the attached job description? Yes No

8. b. If the answer to question 8. a. is "yes," please indicate the timeframe in which recovery adequate to perform the essential job functions is expected.

RESPONSE:

8. c. If the answer to question 8. a. is "no," please indicate the medical reason.

RESPONSE:

SECTION B. QUESTIONS TO 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 and when the accommodation does not create an undue hardship for the employer.

1. a. Is the employee presently in treatment for his or her disability?

Yes No

b. If the answer to question 1.a. is "yes," are special accommodations in his or her work schedule necessary in order to continue employment? (Please specify frequency and duration)

RESPONSE:

2. Based upon a review of the job description, which, if any, of the essential functions (and accompanying duties and tasks) CANNOT be performed by the employee without reasonable accommodations:

RESPONSE:

3. If any restrictions for the employee are warranted because of the significant risk of substantial harm to the employee or to others, what measures should be considered in identifying possible accommodations to eliminate the reason for the restrictions?

RESPONSE:

4. What reasonable accommodations are needed at work to assist this employee in performing the essential functions of his or her position? Please explain why these modifications are necessary, including the medical reason.

RESPONSE:

5. a. Does this employee's medical condition prevent him or her from being at work?

Yes No

5. b. If so, what is the medical reason?

RESPONSE:

6. An essential function of the employee's job is regular attendance Monday through Friday, from _____ to _____. If you contend that modification of this shift is necessary, please specify what the medical reason is and what accommodation may be necessary.

RESPONSE:

C. OTHER QUESTIONS OR COMMENTS (MUST BE LIMITED TO THE DISABILITY DETAILED ABOVE)

1. Is there any other information related to the disability only and associated reasonable accommodations of which the employer should be aware?

RESPONSE:

Please type or print:

PHYSICIAN/HEALTH CARE PROVIDER NAME	
ADDRESS	
CITY, STATE, ZIP CODE	
TELEPHONE NUMBER	
SIGNATURE OF PHYSICIAN/HEALTH CARE PROVIDER	
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 or 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 or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

The City of Milwaukee Department of Employee Relations, reserves the right to review the above information and make an independent decision. All information is confidential in accordance with the Federal Americans with Disabilities Act (ADA); information may be shared with the hiring authority, supervisors, and managers, in order to provide reasonable accommodation or require treatment in case of an emergency.