Cornell University

Medical Leaves Administration
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Request for Accommodation Based on Disability

MEDICAL INQUIRY FORM IN RESPONSE TO ACCOMMODATION REQUEST

This request form will not be placed in your employment record file. Medical Information Request & Verification for Employee Requesting Accommodation under the Americans with Disabilities Act and New York Human Rights Law.

Employee Information

Date:_____ Employee ID#_____

Name:_____ Title:_____

Home Address:_____

I do hereby authorize Cornell University Medical Leaves Administration to communicate both verbally and in writing, if necessary, with the appropriate health care or rehabilitation professionals with regard to the resolution of my request for a disability accommodation. My signature indicates that I am aware of the nature of the information being disclosed and with whom it will be shared.

Your Signature:_____ Date:_____

To Be Completed by Physician or Appropriate Medical Professional

Name of certifying professional (please print)_____

Title:_____ Certification or License#:_____

Telephone:_____

Business Address:_____

City/State/Zip:_____

Signature:_____ Date:_____

Content of this request is confidential and will not be shared by any staff member of Medical Leaves Administration except to consider the implementation of the disability accommodation.

Questions to help determine whether an employee has a disability

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability.

QUESTION	ANSWER
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 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.

QUESTION	ANSWER
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?	☐ Caring for self ☐ Interacting with others ☐ Performing manual tasks ☐ Breathing ☐ Working ☐ Walking ☐ Standing ☐ Reaching ☐ Thinking ☐ Toileting ☐ Hearing ☐ Seeing ☐ Speaking ☐ Learning ☐ Sitting ☐ Lifting ☐ Sleeping ☐ Concentrating ☐ Reproduction ☐ Other:_____
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(s) is/are affected?	☐ Immune ☐ Special sense organs & skin ☐ Reproductive ☐ Bladder ☐ Respiratory ☐ Hemic ☐ Endocrine ☐ Bowel ☐ Brain ☐ Cardiovascular ☐ Circulatory ☐ Digestive ☐ Neurological ☐ Special Sense ☐ Normal cell growth ☐ Lymphatic ☐ Musculoskeletal ☐ Genitourinary ☐ Other:_____
Please provide specific restrictions for each box checked above.	

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.

QUESTION	ANSWER
What limitation(s) is/are interfering with job performance?	
What job function(s) is/are 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)?	
Do you have any suggestions regarding possible accommodations to improve job performance?	
How would your suggestions improve the employee's job performance?	

Comments

_____

_____

_____

Signature of Physician/Medical Professional_____

Date_____

If required, please use additional sheets for any of the information requested above.

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