



Cornell University

Medical Leaves Administration

395 Pine Tree Road, Suite 102, Ithaca, New York 14850

Request for Accommodation Based on Disability

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.

Form for employee information including Date, Employee ID#, Name, Home Address, and signature fields.

To Be Completed By Physician or Appropriate Medical Professional

Form for physician information including Name of certifying professional, Certification or License#, Business Address, and signature fields.

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.

## MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

### A. 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:

Does the employee have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If *yes*, what is the impairment?

Is the impairment long-term or permanent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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.

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"/>
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If *yes*, what major life activity(s) is/are affected?

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 <input type="checkbox"/>		

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"/>
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If *yes*, what bodily function is affected?

Immune <input type="checkbox"/>	Hemic <input type="checkbox"/>	Circulatory <input type="checkbox"/>	Normal Cell Growth <input type="checkbox"/>	Other (describe): <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 <input type="checkbox"/>			

Please provide specific restrictions for each box checked above:

### 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?

