Anne Arundel County Public Schools | Division of Human Resources

Medical Inquiry to Support Reasonable Accommodation Request

Directions: *To be completed by the Employee/Applicant's health care provider after discussion with employee/applicant.*
Submit to: *AACPS, Division of Human Resources, 2644 Riva Road, Annapolis, MD 21401; fax: 443-458-6312*

Employee/Applicant Name		Health Care Provider's Name (please print)	
Job Title		Health Care Provider's Signature	Date
Office/Work Location	Work Phone	Address	Phone

A. Employee/Applicant Disability

1. Do you ***currently*** treat this employee/applicant for the condition for which s/he seeks an accommodation? ☐ Yes ☐ No

2. If ***yes***, for how long have ***you*** been the treating physician for the condition?

3. Does the employee/applicant have either a physical or mental impairment? ☐ Yes ☐ No

4. If ***yes***, what is the impairment?

5. Is the impairment long-term or permanent? ☐ Long-term ☐ Permanent

6. If ***not permanent***, how long is the impairment likely to last?

7. Which, if any, of the following major life activities is/are affected?

☐ Caring for self	☐ Walking	☐ Hearing	☐ Lifting
☐ Interacting with others	☐ Standing	☐ Seeing	☐ Sleeping
☐ Performing manual tasks	☐ Reaching	☐ Speaking	☐ Working
☐ Bodily functions	☐ Eating	☐ Reading	☐ Bending
☐ Breathing	☐ Thinking	☐ Learning	☐ Other (describe)
☐ Toileting	☐ Sitting	☐ Concentrating	_____

8. Please describe the ***severity of the effect*** on the major life activities selected above.

B. Effect of the Disability on Employment

1. Which job function(s) is/are the employee/applicant having trouble performing because of limitation(s)?

2. How does the employee/applicant's limitations ***currently*** interfere with his/her ability to perform the job function(s)?

continued on reverse

C. Proposed Accommodations

1. As the Health Care Provider, do you have any suggestions regarding accommodations that may enable the employee/applicant to perform his/her job satisfactorily? If so, please describe them. If recommending devices, software, and/or equipment, you may make specific suggestions regarding brands and models.

2. How would your suggestions improve the employee/applicant's ability to perform the essential functions of his/her job?

D. Additional Health Care Provider Comments