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, Office of Investigations, 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

Do you ***currently*** treat this employee/applicant for the condition for which s/he seeks an accommodation? ☐ Yes ☐ No | If ***yes***, for how long have ***you*** been the treating physician for the condition?

Does the employee/applicant have either a physical or mental impairment? ☐ Yes ☐ No | If ***yes***, what is the impairment?

Is the impairment long-term or permanent? ☐ Long-term ☐ Permanent | If ***not permanent***, how long is the impairment likely to last?

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

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

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

B. Effect of the Disability on Employment

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

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

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.

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