

Ohio University  
University Equity and Civil Rights  
Compliance  
Accommodation  
**MEDICAL INQUIRY FORM**

**Employee's Name:**

**The Definition of Disability Used By Our Office**

The Americans with Disabilities Act, As Amended (ADAAA) **defines a disability** using a three-pronged approach:

- a physical or mental impairment that substantially limits one or more major life activities (sometimes referred to in the regulations as an “actual disability”), or
- a record of a physical or mental impairment that substantially limited a major life activity (“record of”), or
- when a covered entity takes an action prohibited by the ADA because of an actual or perceived impairment that is not both transitory and minor (“regarded as”).

A “**major life activity**” is defined as, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

**A. Questions to help determine whether an employee has a disability.**

A person has a disability under the ADA if the person has an impairment that substantially limits one or more major life activities. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment? Yes  No

What is the impairment? Yes  No

Is the impairment long-term or permanent?

If *not* permanent, how long will the impairment likely last?

Does the impairment affect a major life activity? Yes  No

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

- |  |                                    |                                   |  |
|--|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Caring For Self         | <input type="checkbox"/> Walking   | <input type="checkbox"/> Hearing  | <input type="checkbox"/> Lifting       |
| <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"/> Other: (describe):      |                                    |                                   |  |

Is the employee substantially limited in one or more of these major life activities? Yes  No

**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? \_\_\_\_\_

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What job function(s) is the employee having trouble performing because of the limitation(s)? \_\_\_\_\_

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How does the employee's limitation(s) interfere with his/her ability to perform the job functions? \_\_\_\_\_

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**C. Questions to help determine effective accommodation options.**

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?

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How would your suggestions improve the employee's job performance? \_\_\_\_\_

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D. Comments: \_\_\_\_\_  
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*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print name, title, and professional credentials*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*



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