

DPSCS MEDICAL INQUIRY FORM
Americans with Disabilities Act Title I - Reasonable Accommodation Request

— FORM TO BE COMPLETED BY A LICENSED MEDICAL OR MENTAL HEALTHCARE PROVIDER —

Return Completed Form To:

Address:

Department of Public Safety and Correctional Services
Office of Equal Employment Opportunity
ADA Coordinator
6776 Reisterstown Road, Suite 307
Baltimore, MD 21215

Email:

publicsafety.oeo@maryland.gov

NOTE: 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.

Employee's Name: _____

Job Title: _____

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 or prognosis? _____

Is the impairment long-term or permanent? Yes No

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

Does the impairment affect a major life activity? Yes No

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

Check all that apply:

Caring for Self

Walking

Breathing

Thinking

Reaching

Speaking

Eating

Concentrating

Reading

Sitting

Other:

Performing Manual Tasks

Learning

Seeing

Working

Sleeping

Bending

Hearing

Lifting

Standing

Interacting with Others

Questions to Help Determine Whether an Accommodation is Needed

Which of the major life activities selected are interfering with the employee’s ability to perform the job functions?

What job function(s) is 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)?

Questions To Help Determine Effective Accommodation Options

Please state any suggestions regarding possible accommodations to improve the employee’s ability to perform the employee’s job.

How would your suggestions improve the employee’s ability to perform the job functions?

Additional Comments

Physician’s Name (Please Print)

Physician’s Signature

Date

Phone: _____

Fax: _____

Email: _____