

MONTEREY COUNTY MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST



A. Employee/Patient Name:																											
B. Questions to help determine whether an employee has a disability.																											
<p>For reasonable accommodation under the Fair Employment and Housing Act, an employee has a disability if s/he has an impairment that limits one or more major life activities, has a record of such impairment or is perceived as having an impairment. The following questions may help determine whether an employee has a disability:</p>																											
Does the employee have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
Is the impairment long-term or permanent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
If <i>not</i> permanent, how long will the impairment likely last?																											
Does the impairment limit a major life activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
If yes, what major life activity(s) is/are affected?																											
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Caring For Self</td> <td><input type="checkbox"/> Walking</td> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Lifting</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Interacting With Others</td> <td><input type="checkbox"/> Standing</td> <td><input type="checkbox"/> Seeing</td> <td><input type="checkbox"/> Sleeping</td> <td>(describe)</td> </tr> <tr> <td><input type="checkbox"/> Performing Manual Tasks</td> <td><input type="checkbox"/> Reaching</td> <td><input type="checkbox"/> Speaking</td> <td><input type="checkbox"/> Concentrating</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Breathing</td> <td><input type="checkbox"/> Thinking</td> <td><input type="checkbox"/> Learning</td> <td><input type="checkbox"/> Reproduction</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Working</td> <td><input type="checkbox"/> Toileting</td> <td><input type="checkbox"/> Sitting</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Caring For Self	<input type="checkbox"/> Walking	<input type="checkbox"/> Hearing	<input type="checkbox"/> Lifting	<input type="checkbox"/> Other:	<input type="checkbox"/> Interacting With Others	<input type="checkbox"/> Standing	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sleeping	(describe)	<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		
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Does the impairment limit the operation of a major bodily function?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																									
C. Questions to help determine whether an accommodation is needed.																											
<p>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:</p>																											

What limitation(s) is interfering with job performance?

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)?

D. 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?

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

E. Comments.

Medical Professional's Signature

Date