

Office of Academic Labor Relations

ACCOMMODATION REQUEST: MEDICAL INQUIRY FORM

This form is to be used by a Rutgers University faculty member to request medical information from his/her Health Care Provider

TO BE COMPLETED BY THE EMPLOYEE:

The Employee named below hereby consents and agrees that his/her treating physician may complete this medical questionnaire and that this information may be released to the Employer. The Employee named below further gives his/her consent to speak with the Office of Academic Labor Relations of Rutgers, the State of New Jersey ("Rutgers") regarding his/her medical condition and request for an accommodation.

Name: _____ Title: _____

Phone: _____ Email: _____

Brief description of the requested accommodation:

Signature of Employee: _____ Date: _____

NOTE TO EMPLOYEE: Your physician may require that you also sign a HIPAA Authorization form to release certain medical information. You have an obligation to cooperate in the accommodation dialogue, including authorizing the release of medical information necessary to evaluate a request for accommodation.

TO BE COMPLETED BY HEALTH CARE PROVIDER:

INSTRUCTIONS TO THE PHYSICIAN: The above-named employee is currently employed by Rutgers. The employee has reported an impairment and has requested an accommodation. We currently are engaged in a dialogue with the employee regarding the employee's request for an accommodation pursuant to the Americans with Disabilities Act. We are seeking your input.

1. Does the employee have a physical or mental impairment?

Definition: A physical or mental impairment is defined as (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine; or (2) any mental or psychological disorder, such as an intellectual disability (formerly termed "mental retardation"), organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Yes No

If yes, please answer the following questions.

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2. Please describe the impairment:

3. Does the physical or mental impairment impact any “major life activity” of the Employee?

Definition: Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. Major life activities also may include the operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions; or any individual organ within a body system.

Yes No

If yes, identify the major life activity or major bodily system affected.

4. Is the Employee “substantially limited” in any one of the major life activities you identify above?

Definition: “Substantially limited” means the impairment substantially limits the ability of the employee to perform a major life activity as compared to most people in the general population. The impairment need not prevent, or significantly or severely restrict, the employee to be considered substantially limiting. Nonetheless, not every impairment will rise to the level of substantially limiting.

If the impairment is episodic or in remission, whether it is substantially limiting should be assessed when the impairment is active. Also, please do not take into account any mitigating measures that might ameliorate the impairment’s degree of limitation, such as medication or prosthetic devices (other than ordinary eyeglasses or contact lenses).

Yes No

If yes, identify the major life activity or major bodily function that is substantially limited:

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5. Is the substantial limitation temporary or permanent?

- Temporary Permanent

Give the approximate duration of the limitation imposed by the impairment.

6. Does the impairment affect the Employee's ability to perform his or her job functions?

- Yes No

If yes, describe how.

7. Are there ways in which the Employer could provide an accommodation that would enable the Employee to fully perform all essential functions of his/her position?

- Yes No

If yes, describe the accommodation:

8. Please feel free to offer any other comments or observations that you feel are important for us to understand with respect to the Employee's ability to perform his or her job functions in light of the impairment.



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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.

Health Care Provider (please print): _____ Specialty: _____
Address: _____ Phone: (_____) _____
Signed: _____ Date: _____

Please return this form to:

Office of Academic Labor Relations – 178 Ryders Lane, Suite 308, New Brunswick, NJ 08901-8556
(848) 932-7174 Fax: (732) 932-8326