



COMMONWEALTH UNIVERSITY OF PENNSYLVANIA

HEALTH CARE PROVIDER QUESTIONNAIRE

[Employee Name and Address]

is an employee of the **Commonwealth University of Pennsylvania**. They have requested an accommodation for a disability and have identified you as their health care provider. The employee states that the following condition(s)

requires an accommodation to enable them to perform the essential functions of their job. To assist **Commonwealth University** in evaluating this request for accommodation, please provide detailed answers to the following questions, using additional sheets where necessary. The information you provide will be considered confidential and used only to evaluate the employee's request for accommodation. *Please return the completed form to Commonwealth University Disability Resources Office 400 East Second St., Bloomsburg, PA 17859. It can also be emailed to uds@commonwealthu.edu or faxed to 570-389-5053.*

For your convenience, and to assist you in completing this medical questionnaire, please review the Additional Information and Definitions, attached at the end of this document. Except for the effects of ordinary eyeglasses and contact lenses, answers should reflect the impact of the symptoms without regard to the ameliorative effects of mitigating measures such as those listed in the Additional Information and Definitions.

Please 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 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.

1. Have you examined the employee for the above-stated condition (s)?

Condition: _____ Yes _____ No _____

Date of examination(s): _____

Condition: _____ Yes _____ No _____

Date of examination(s): _____

Condition: _____ Yes _____ No _____

Date of examination(s): _____

2. Does the employee have a "physical or mental impairment?" (*1)

Yes _____ No _____

3. If you answered "yes" to question 2, please identify the employee's specific physical or mental impairment (diagnosis):

4. Does the above-identified impairment substantially limit (*2) a major life activity (*3) of the employee?

Yes _____ No _____

5. If you answered "yes" to question 4, please describe what major life activity(ies) is substantially limited.

6. Please describe the manner and extent to which the impairment limits the above-described major life activity(ies).

7. What is your prognosis for whether and in what manner the impairment will continue to limit the above-described major life activity(ies)?

8. What is the expected duration of the impairment?

9. How does the impairment affect his/her ability to perform the essential functions of his/her job? Please be specific.

10. Please provide any additional medical information or documentation that you believe will assist **Commonwealth University** in evaluating the impact of the employee's impairment; the activity or activities the impairment limits; and the extent to which the impairment limits his/her ability to perform the activity or activities.

11. Please list any accommodation(s) you believe would enable the employee to perform the essential functions of his/her job?

Thank you for completing this Health Care Provider Questionnaire. **Commonwealth University** will use the information you have provided to evaluate **the employee's** request for accommodation.

Physician's Signature	Date
Physician's Name (Printed or Typewritten)	Telephone Number
Physician's Business Address	Fax Number

Additional Information and Definitions

Answers should reflect the impact of the symptoms when the patient's medical condition is in its active state **without regard to the ameliorative effects of mitigating measures such as:** medication; medical supplies; equipment or appliances; low-vision devices (devices that magnify, enhance or otherwise augment a visual image); prosthetics including limbs and devices; hearing aids and cochlear implants or other implantable hearing devices; mobility devices; oxygen therapy equipment and supplies; assistive technology; auxiliary aids or services (interpreters or other methods of making aurally delivered materials available to individuals with hearing impairments, qualified readers, taped texts, or other methods of making visually delivered materials available to individuals with visual impairments, acquisition or modification of equipment or devices); learned behavioral or adaptive neurological modifications.

Answers **should reflect** the impact of **ordinary eye glasses or contact lenses** that are intended to fully correct visual acuity or eliminate refractive error.

***1. Physical or mental impairment**

The Americans With Disabilities Act (ADA) defines a physical or mental impairment as (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine; or (2) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

***2. Substantially Limit**

An impairment need not prevent or severely or significantly limit a major life activity to be considered substantially limiting. To have a disability an individual must be substantially limited in performing a major life activity as compared to most people in the general population.

***3. Major Life Activity**

The phrase "major life activity" includes, but is not limited to, functions such as caring for oneself, performing manual tasks, sitting, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.

Additionally, 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.