

Appendix B: Reasonable Accommodation Medical Inquiry Form



We cultivate a culture of inclusion where diverse talent is leveraged to advance health discovery.

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REASONABLE ACCOMMODATION REQUEST **MEDICAL DOCUMENTATION PACKET** **CURRENT EMPLOYEES ONLY**

The following forms used in the NIH Reasonable Accommodation Program are attached:

- The **Medical Documentation Fact Sheet** provides an overview of the medical information needed for hidden or non-obvious medical conditions of current employees.
- The **Medical Inquiry** form should be completed by your doctor/caregiver. This form provides a user-friendly method of gathering the necessary information. The information provided should be as specific as possible. Should the Agency require any additional information or review, you will be contacted by the specialist assigned to process your request.

The completed forms should be submitted to the NIH Reasonable Accommodation Program. Please either email: edi.ra@nih.gov, fax: 301-480-1818, or hand-deliver to Building 2, 3rd Floor at the NIH Main Campus in Bethesda, MD. Upon completion of review, management will issue a decision outlining the agency's decision and any accommodations that have been approved.

Your case will remain active for thirty (30) business days after you receive this information packet. If the request is not pursued by providing the necessary medical documentation within that time, your case will be considered inactive. However, you can pursue the request at any time in the future by providing the necessary documentation.

Any questions, concerns, and/or requests for clarification should be addressed to the Office of Equity, Diversity, and Inclusion (301-496-6301 or edi.ra@nih.gov).

Medical Documentation Fact Sheet

The following information must be contained within the medical documentation provided by the medical practitioner and may be provided on the attached Medical Inquiry Form:

- (1) the nature, severity, and duration of the impairment;
- (2) the activity or activities that the impairment limits;
- (3) the extent to which the impairment limits the ability to perform the activity or activities;
- (4) why the requested reasonable accommodation is needed; and
- (5) whether the requested accommodation will be effective.

The documentation must establish how the requested accommodation will assist in performing the essential functions of the position held; or, how the requested accommodation will enable the enjoyment of, and/or access to, the normal benefits and privileges of the workplace.

Key Definitions

Disability

A physical or mental impairment that substantially limits one or more major life activities (i.e., walking, speaking, breathing, seeing, hearing, learning, caring for oneself, performing manual tasks, sitting, standing, lifting, reading, etc.). Whether an impairment substantially limits a major life activity is determined by the nature and severity, duration (how long it's expected to last), and impact (permanent/long term) of the impairment. The term "substantially limits" should be construed broadly and does not need to prevent or severely restrict a major life activity. With the exception of "ordinary eyeglasses or contact lenses", determination of whether an impairment is substantially limiting should be made without regard to the benefits of mitigating measures (i.e., medication or hearing aids). An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

Qualified Individual with a Disability

With respect to employment, an individual with a disability who, with or without a reasonable accommodation, can perform the essential functions of the position.

Essential Functions

Those functions of a job that are so fundamental to the position that the individual cannot do the job without being able to perform them, e.g., the position exists specifically to perform that function, there are a limited number of other employees who could perform the function if it were assigned to them, or the function is specialized and the incumbent is hired based on his/her ability to perform it.

Medical Inquiry Form

1. Patient's Name: _____
2. Does the patient have a physical or mental impairment? Yes No
3. What is the impairment/diagnosis? _____
4. How would you describe the duration of the impairment?
 - Permanent
 - Long-term
 - Short-term
 - Intermittent, describe the frequency, duration, and severity of the impairment during a flare:
Frequency: _____
Duration: _____
Severity: _____
5. Does the impairment affect one or more major life activities? Yes No
 - a. If yes, what major life activity/activities is/are impaired?

Mechanical Activities:

- Sitting
- Standing
- Walking
- Bending
- Reaching
- Grasping/Gripping
- Lifting
- Performing Manual Tasks
- Caring for Self
- Driving
- Working

Bodily Activities:

- Sleeping
- Breathing
- Toileting
- Reproduction

Sensory Activities:

- Hearing
- Seeing

Executive Activities:

- Thinking
- Concentrating
- Learning
- Speaking
- Interacting with Others

Other Activities, describe:

b. Please briefly describe the extent to which the impairments limit the patient's activities (for example: how many minutes per hour; frequency, weight restrictions, etc.):

c. Please estimate the how long each activity identified above will be restricted:

6. Do you anticipate that the patient will be unable to work for a continuous period? If yes, please describe the anticipated duration and frequency of the absence(s):

7. Can you suggest accommodations that may alleviate or mitigate the patient's limitations? If so, describe the proposed accommodations:

Signature _____ Date _____

**For verification of signature please attach a business card or stationary with your letter head. Thank you.*