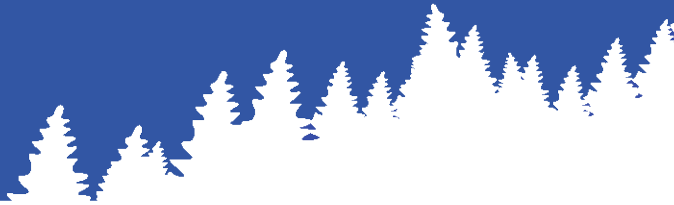
MATANUSKA-SUSITNA
BOROUGH SCHOOL DISTRICT



HUMAN RESOURCES

Medical Inquiry Form in Response to Employee Request for Accommodations

A patient in your care who is also an employee of the Matanuska Susitna Borough School District has requested an accommodation at his/her place of employment because of a health condition or impairment.

Please fill out the attached Medical Inquiry Form so that the District can evaluate its obligation to provide an accommodation for this employee. After you have completed the form, please return it to your patient or directly to the District's EEO Officer at 501 N. Gulkana St., Palmer, AK 99645 or by email at EEO@matsuk12.us.

Please note that the information you provide in answering the attached form will be maintained as confidential and kept separate form the employee's personnel file.

Thank you for your time and cooperation.

Patient/Employee Name: ____

A. Questions to help determine whether an employee has a disability.		
The following questions may help determine whether an employee has a disability:		
Does the employee have a physical or mental impairment?	Yes ☐	No ☐
If *yes*, what is the impairment?		
Does the impairment substantially limit a major life activity as compared to most people in the general population?	Yes ☐	No ☐

If *yes*, what major life activity(s) (includes major bodily functions) is/are affected?

☐ Bending	☐ Hearing	☐ Reaching	☐ Speaking	☐ Other: (describe)
☐ Breathing	☐ Interacting With Others	☐ Reading	☐ Standing	
☐ Caring For Self	☐ Learning	☐ Seeing	☐ Thinking	
☐ Concentrating	☐ Lifting	☐ Sitting	☐ Walking	
☐ Eating	☐ Performing Manual Tasks	☐ Sleeping	☐ Working	

Major bodily functions:

☐ Bladder	☐ Digestive	☐ Lymphatic	☐ Reproductive
☐ Bowel	☐ Endocrine	☐ Musculoskeletal	☐ Respiratory
☐ Brain	☐ Genitourinary	☐ Neurological	☐ Special Sense Organs & Skin
☐ Cardiovascular	☐ Hemic	☐ Normal Cell Growth	
☐ Circulatory	☐ Immune	☐ Operation of an Organ	☐ Other: (describe)

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

Patient/Employee Name: ____

B. Questions to help determine whether an accommodation is needed.
The following questions may help determine whether the requested accommodation is needed because of the disability:
What limitation(s) is interfering with job performance or accessing a benefit of employment?
What job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)?
How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access a benefit of employment?
Is the employee more vulnerable to serious infection due to an underlying health condition?

C. Questions to help determine effective accommodation options.
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?

Patient/Employee Name: ____

D. Other questions or comments.		
Medical Professional's Signature	Printed Name	Date