

Supplemental Medical Questionnaire

Instructions: Employee/applicant shall contact the treating Medical Doctor (M.D.) to complete this form. Employee/applicant should return the completed form to the ADA Coordinator via facsimile to 707-664-4049. Individuals in need of a telecommunication relay service may contact the California Relay Service at (877) 735-2929 TTY.

Treating Medical Doctor (M.D.): Please refer to the attached Guidelines for Evaluating Impairment and Job Descriptions when completing the form. Note: DC, DPT, NP, PA, CNM, MPH, RN, MFT and/or other Non-MD healthcare licensures will not be accepted. Certification must be provided by a licensed Medical Doctor.

Treating Medical Doctor
 (M.D.)
 (please print)

Employee or Applicant:
 (please print)

- 1) Does the individual have a physical or mental impairment that "limits" one or more major life activity?

Yes No

If no, you may stop; no further information is required.

If yes, please identify the job functions that the employee is unable to perform:

Breathing	Hearing	Reaching	Sleeping	Thinking
Caring for Oneself	Interacting with Others	Reading	Speaking	Walking
Communicating	Lifting	Seeing	Socializing	Working
Concentrating	Performing Manual Tasks	Sitting	Standing	Other (describe)

- 2) Approximate date impairment commenced:

Probable duration of condition:

Supplemental Medical Questionnaire

- 3) Is the individual able to perform the essential functions of the job as described in the job description? If employee fails to provide a job description, answer the questions based upon the employee's description.

____ Yes ____ No

If no, what essential functions cannot be performed?

- 4) Can the individual perform the essential functions of the job with "accommodation"?

____ Yes ____ No

- 5) Additional Restrictions/Accommodation Suggestions (please include any additional information that you believe would be helpful to the interactive process for this employee). **Do not list any information pertaining to diagnosis, condition or treatment.**

Signature of Medical Doctor (M.D.): _____

Type of Practice: _____

Telephone Number: _____

Provider Address: _____

Date: _____

Supplemental Medical Questionnaire

Guidelines for Evaluating Impairments

An Impairment is:

- Any physiological disease, 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, immunological, digestive, genitourinary, hemic and lymphatic, skin and endocrine.
- Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, or specific learning disabilities; or any such disorder that requires special education or related services.
- Not a physical characteristic such as eye or hair color, left handedness, or height/weight within normal range.
- Not a personality or character trait such as irritability, chronic tardiness or poor judgment.
- Not an environmental, cultural or economic disadvantage such as a lack of education or a prison record.

An Impairment rises to the level of a disability if it:

- Limits a major life activity, as compared to the ability of the average person in the general population to perform that activity. Major life activities may include a particular job, a class of jobs or any of the following:

Breathing	Hearing	Reaching	Sleeping	Thinking
Caring for Oneself	Interacting with Others	Reading	Speaking	Walking
Communicating	Lifting	Seeing	Socializing	Working
Concentrating	Performing Manual Tasks	Sitting	Standing	Other (describe)

- Is not a temporary impairment such as a broken limb with no foreseeable long-term restrictions.
- Is a temporary impairment that develops into a long-term impairment (for example: a broken leg that heals improperly and results in a limp, an operation that results in chronic bowel dysfunction, etc.)
- Consists of two or more impairments not disabling by themselves which have a combined effect of limiting a major life activity (for example: mild arthritis and mild osteoporosis combine to result in inability to move hands).

Under California's Fair Employment and Housing Act (FEHA), whether an impairment limits a major life activity is determined without reference to mitigating measures, such as a use of medication.

Employees with job-related (workers' compensation) injury or illness should be evaluated by the use of this ADA/FEHA Job Duty Evaluation Checklist as well.