

Supplemental Medical Questionnaire

Instructions: Employee/applicant shall contact the treating Health Care Provider to complete this form. Employee/applicant should return the completed form to hraccommodations@sonoma.edu or fax to (707) 664-4049. Questions can be directed to the ADA Specialist at (707) 664-2979. Individuals in need of a telecommunications relay service may dial 711.

Treating Health Care Provider: Please refer to the attached Guidelines for Evaluating Impairment and Job Descriptions when completing the form. Certification must be provided by a licensed Health Care Provider.

Treating Health Care Provider: _____
(Print name)

Employee or Applicant: _____
(Print name)

1) Does your patient have a physical and/or mental impairment that limits one or more major life activity?
Yes No

If no, please skip the rest of the questionnaire, then sign and date on the second page. Answering "no" will mean that your patient is not entitled to reasonable accommodation exploration as they do not have a medical condition that limits them to work.

If yes, please identify the major life activities that are limited:

Walking	Breathing	Seeing	Hearing
Reading	Learning	Talking	Working
Standing	Sitting	Lifting	Interacting with Others
Reaching	Speaking	Concentrating	Performing Manual Tasks
Other (Please specify): _____			

2) Is the condition permanent or temporary?

If temporary, when would it reasonably be expected to no longer limit a major life activity?

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- 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 Treating Health Care Provider: _____

Date: _____ Type of Practice: _____

License Number: _____ Phone Number: _____

Provider Address: _____

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.