Hamilton College

Medical Inquiry Form in Response to an Employee Accommodation Request
(To be completed by medical provider)

Hamilton College Employee/Patient's Name: Employee's Job Title: Employee's Department		
A. Questions to help determine whether an individual has a disability.		
Does the employee have a physical, mental, or other impairment?	Yes ☐	No ☐
If yes, what is the impairment? **(Please provide information on the medical diagnosis and date of the most recent evaluation)**		

Is the impairment long-term?	Yes ☐	No ☐
Is the impairment permanent?	Yes ☐	No ☐
If not permanent, how long will the impairment likely last?		
Please answer the following questions based on the limitation the employee has when his/her condition is in an active state and the limitation the employee would have if no mitigating measures were used. Mitigating measures include medication, medical supplies, equipment, hearing aids, mobility devices, use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.		
Does the impairment substantially limit a major life activity? Note: does not need to significantly or severely restrict to meet this standard.	Yes ☐	No ☐

If yes, what major life activity(s) is/are affected? Check all that apply:

○ Caring For Self	○ Hearing	○ Speaking	○ Concentrating
○ Breathing	○ Seeing	○ Learning	○ Reproduction
○ Working	○ Reaching	○ Sitting	○ Interacting with Others
○ Walking	○ Thinking	○ Lifting	○ Perform Manual Tasks
○ Standing	○ Toileting	○ Sleeping	○ Other (describe)

Does the impairment substantially limit a major life activity? Note: does not need to significantly or severely restrict to meet this standard.	Yes ☐	No ☐

If yes, what bodily function is affected?

○ Immune	○ Hemic	○ Circulatory	○ Cardiovascular
○ Digestive	○ Lymphatic	○ Endocrine	○ Normal Cell Growth
○ Bowel	○ Neurological	○ Reproductive	○ Special Sense Organs and Skin
○ Bladder	○ Brain	○ Musculoskeletal	○ Other (describe)
○ Genitourinary	○ Respiratory	○ Special Sense	

B. Questions to help determine whether an accommodation is needed.
What are the limitation(s) that interfere with the employee's ability to perform job duties?
What job duties is the employee having trouble performing because of the impairment or limitation(s)?
How do the employee's limitation(s) interfere with his/her ability to perform the job duties?

C. Questions to help determine effective accommodation options.
Do you have any suggestions for possible accommodations, to assist with performance of job duties? If so, what are they?
How would your suggestions improve the employee's ability to perform job duties?

D. Comments or additional information in support of request.

E. Medical Certification:

Medical Professional's Signature | Name (please print) | Date

Clinic or Company Name | Phone Number

Address | City | State | Zip

Return this form to: Human Resources, Hamilton College, 198 College Hill Road, Clinton, NY 13323 or fax 315-859-4047.