



Accommodation Request Medical Inquiry Form

RELEASE of Information:

I, _____, hereby authorize the release of the following information to the
Employee name – please print
University of North Carolina Wilmington for the purpose of determining my eligibility for workplace accommodations, as based on the federal guidelines for the definition of a disability and to obtain information related to my disability; any related limitations; and recommendations on necessary accommodations.

I have been given an opportunity to ask questions about this form and to have them answered to my satisfaction. I further understand that relevant information obtained may be shared with the supervisor(s) in my immediate work unit and other University offices that may be involved in assisting in the development of reasonable accommodations to assist me in completing my assigned work related responsibilities.

Employee's Signature

Date

Request for Information from the Medical Provider

To be considered, this Healthcare Provider's Statement must be based on clinical information and diagnosis that is current within six (6) months of the date of the accommodation request.

Name of Physician/Health Care Provider: _____
Please Print

Name of Hospital/ Practice: _____

Address: _____

Telephone Number: _____ FAX Number _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Please return completed form to: Human Resources Benefits Office
UNC-Wilmington
601 S. College Rd.
Wilmington, NC 28403
Attn: Patti Hale

Human Resources Ph: 910.962.3160

1. Does the employee have a physical or mental impairment? Yes No

2. If yes, what is the impairment?

Answer the following question based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

3. Does the impairment substantially limit a major life activity as compared to most people in the general population? Yes No

(Examples of major life activities include: bending, breathing caring for self, concentrating, eating, reaching, reading seeing sitting, sleeping, speaking standing, thinking, walking, working, and the operation of major bodily functions such as the bladder, bowel, brain, cardiovascular, circulatory, lymphatic, musculoskeletal, neurological, normal cell growth, operation of an organ, reproductive, respiratory, and special sense organs and skin)

Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.

4. What limitation(s) is interfering with job performance?

5. What job function(s) is the employee having trouble performing because of the limitation(s)?

6. How does the limitation interfere with the employee's ability to perform the essential functions of his or her job?

7. Do you have any suggestions for possible accommodations that will enable the employee to perform the essential functions of the job? Please describe:

Attestation by Health Care Provider:

Medical Professional's Signature

Date