

**MEDICAL INQUIRY FORM IN
 RESPONSE TO AN EXEMPTION REQUEST TO IN-PERSON WORK FOR MEDICAL REASONS**
Note: Employee should provide a copy of their current job description to their health care provider.

A. Questions to help determine whether an employee has a medical reason preventing them from returning to in-person work.

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| A1. Does the employee have a physical or mental impairment? | Yes | No |
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If yes, what is the impairment?

Answer the following question based on what limitations the employee has when mitigating measures have been put in place at the work site.
 Mitigating measures include things such as wearing a mask while indoors, social distancing, staggered shifts, personal protective equipment, hand sanitizer, frequent hand washing etc.

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| A2. Does the impairment substantially limit a major life activity as compared to most people in the general population? <i>Note: To meet this standard, an impairment does not need to prevent or severely or significantly restrict a major life activity. It may be helpful in certain situations to consider the following: the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; the time it takes the individual to perform the major life activity.</i> | 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 | Other: (describe) |
| Circulatory | Immune | Operation of an Organ | |

B. Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

B1. What limitation(s) is interfering with job performance or accessing a benefit of employment?

B2. What job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)?

B3. How does the employee's limitation(s) interfere with the employee's ability to perform the job function(s) or access a benefit of employment?

C. Questions to help determine effective accommodation options.

The following questions may help determine effective accommodations:

C1. Do you have any suggestions regarding possible accommodations to enable the employee to work on site?

If so, what are they?

C2. How would your suggestions help to keep the employee safe while working on site.

D. What is the length of time required for accommodation(s)?

Medical Professional's Name (please print)

Title (please print)

Office Location (please print)

Phone Number

Medical Professional's Signature

Date (mm/dd/yyyy)

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