THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER.

ACCESS AND COMPLIANCE

CONFIDENTIAL

All information shared with the University through the ADA/ADAAA evaluation and/or reasonable accommodation process will be maintained separate from personnel files and in accordance with all ADA/ADAAA requirements.

REASONABLE ACCOMMODATION REQUEST FORM

Individuals who are employed at the University of Tennessee Health Science Center and are requesting reasonable accommodation(s) under the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (ADAAA) are encouraged to complete this form in its entirety. If you are unable to complete this form on your own, someone else may complete the form on your behalf.

Completed forms are to be returned to the Office of Access and Compliance
oac-hsc@uthsc.edu | fax (901) 448-1120 | 920 Madison, Suite 825 Memphis, TN 38163

SECTION I: EMPLOYEE INFORMATION

_____ _____

Name (please print) UTHSC Email

_____ _____

Position Title Department

_____

Campus Address

_____ _____

Work Telephone Number (xxx) xxx-xxxx Cell Number (xxx) xxx-xxxx

_____ _____

Supervisor's Name Supervisor's Email Address

SECTION II: ACCOMMODATION INFORMATION

Please attach additional documentation if needed.

1. Identify the physical and/or mental impairment (s) for which you are requesting accommodation and the expected duration of the impairments (s). Include the date of diagnosis.

2. Explain how the impairment(s) listed above affect(s) your ability to perform the essential functions of your position. If you are a new employee, state the anticipated difficulties you foresee in completing your essential function(s). Be as specific as possible regarding the essential function(s) you are having difficulty performing or believe you will have difficulty performing.
   Note: Essential Functions are job duties that are basic or fundamental to a position.

3. List the accommodation(s) you are requesting to perform your essential job functions.
   Note: Accommodation is any modification to a job, practice, policy, equipment, schedules, or the work environment that allows an individual with a disability to participate equally in an employment opportunity.

4. Add any comments you feel may be helpful in our consideration of your request.

5. Medical Verification of the impairment(s) (check the appropriate box):
   ☐ I have enclosed the applicable medical documents with this request. (Section IV)

SECTION III: SIGNATURE

I understand that this request does not entitle me to the accommodation I am seeking but will be helpful in determining the accommodation which best assists me and the agency. I understand that I may be required to provide additional documentation about the basis for my request and the requested accommodation(s). I further understand that the agency will maintain and use this information solely in evaluating my request.

Signature _____ Date _____

Patient Name: _____ DOB: _____

SECTION IV: MEDICAL INQUIRY FORM (TO BE COMPLETED BY PHYSICIAN)

MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

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*Providers may attach relevant documents to this form.

A. Questions to help determine whether an employee has a disability.

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:

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

If *yes*, what is the impairment or the nature of 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.

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

***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.*

OR

Describe the employee's limitations when the impairment is active.

_____

_____

_____

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 Task	☐ 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:

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

_____

_____

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

_____

_____

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

_____

_____

C. Questions to help determine effective accommodation options.
If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?

_____

_____

How would your suggestions improve the employee's job performance?

_____

_____

D. Other questions or comments.

_____

_____

E. Signature

_____ _____
Medical Professional's Name and Signature Date

_____ _____
Medical Professional's Contact Information Clinic Name