



Accommodation Request Medical Inquiry Form

To the Employee: As we discussed, in order to continue the interactive process of exploring the options for accommodations, it is necessary to obtain information from your health care provider regarding your impairment and limitations. Please complete the top portion of this form and sign it. Give the form to your health care provider (along with a copy of your job description and work schedule or list of essential job functions and work schedule provided to you by your manager or Human Resources) to complete the remainder of this form. You or your health care provider should return the completed form within 15 days to: _____

Your Name: _____ Today's Date: _____
Your Signature: _____ Your Current Position: _____

To the Health Care Provider: 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. This Accommodation Request Medical Inquiry Form is required to assist Sodexo in identifying a reasonable accommodation to the impairment of the above-named employee in order for him/her to perform the essential functions of the job. After a review of the job description or list of essential functions and work schedule for this employee's position, please complete this form and sign below.

Your Name: _____
Type of Practice: _____
Address: _____
Telephone Number: _____

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

If yes, what is the impairment? _____

¹ Note, "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."



Is the impairment long-term or permanent? Yes No

If *not* permanent, how long will the impairment likely last? Expected Duration (weeks, months)

Please answer the following questions 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, 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? Yes No

Note: Does not need to significantly or severely restrict to meet this standard.

If yes, what major life activity(ies) is/are affected? *(Please check all that apply.)*

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

Does the impairment substantially limit the operation of a major bodily function? Yes No

Note: Does not need to significantly or severely restrict to meet this standard.

If yes, what bodily function is affected? *(Please check all that apply.)*

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

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 Sodexo determine whether the requested accommodation is needed because of the disability.

What limitation(s) is interfering with job performance? *(Please explain.)*



What job function(s) is the employee having trouble performing because of the limitation(s). *(Please explain.)*

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)? *(Please explain.)*

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 Sodexo determine effective accommodations.

Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they? *(Please explain.)*

How would your suggestions improve the employee's job performance? *(Please explain.)*



Any additional comments or suggestions?

Health Care Provider's Signature: _____

Date: _____