



**Human Resources Department**

## REQUEST FOR REASONABLE ACCOMMODATION

To: Employee's Personal Physician  
From: Human Resources Department

Via: \_\_\_\_\_  
Re: Patient's Request For Reasonable Accommodation Medical Questionnaire

Your patient is in the process of requesting reasonable accommodations from the District to assist him/her to perform the essential functions of his/her position safely. In compliance with the Fair Employment and Housing Act (Government Code § 12940) and Title I of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.), your assistance is requested to provide information in support of this request. Please answer the following questions and provide the completed questionnaire to your patient, who will return it, with her full application, to the District's Human Resources Department for use in his/her interactive process.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Does Your patient have a physical or mental impairment that limits his/her ability to engage in a major life activity, such as the ability to work, care for his/herself, perform manual tasks, walk, see, hear, eat, sleep, or engage in social activities. Pursuant to the FEHA amendments that went into effect on January 1, 2001, a condition can be said to "limit" one if the condition makes the achievement of the major life activity more difficult.

NO, Your patient does not have a physical or mental impairment that limits his/her ability to engage in a major life activity.

YES, Your patient has a  PHYSICAL and/or  MENTAL impairment that limits his/her ability to engage in a major life activity.

2. If the answer to question number one is yes, does the impairment currently affect your patient's ability to perform the essential functions of their position (see attached job description).

NO, Your patient's impairment does not limit his/her ability to perform all of the essential functions of his/her position.

YES, Your patient's impairment does affect his/her ability to perform the essential functions of their position.

If the answer to question number two is yes, what work restriction(s) or functional limitations does his/her disability produce that are in need of accommodation? Please be as specific as possible. (e.g. if providing a restriction to standing, how many minutes can she stand before she would need to sit for X minutes, etc.)

***Human Resources Department***

Restrictions are

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Restrictions are

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