UMBC MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

Employee Name:

Does the employee have a physical or mental impairment?	Yes ☐	No ☐
If *yes*, what is the impairment?		
Is the impairment long-term or permanent?	Yes ☐	No ☐
If *not* permanent, how long will the impairment likely last?		

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? *Note: Does not need to significantly or severely restrict to meet this standard.*	Yes ☐	No ☐

If *yes*, what major life activity(s) is/are affected?

☐ 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? *Note: Does not need to significantly or severely restrict to meet this standard.*	Yes ☐	No ☐

If yes, what bodily function is affected?

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

B. Questions to help determine whether an accommodation is needed.
What limitation(s) is interfering with job performance?
What job function(s) is the employee having trouble performing because of the limitation(s)?
How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

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. Comments.
Medical Professional's Signature _____ Date _____ Medical Professional's Printed Name _____ Address: _____

Employees are to return the completed form to:
Stephanie Lazarus
Human Relations Manager
UMBC
1000 Hilltop Circle, AD 902
Baltimore, MD 21250
Phone: 410-455-5745 Fax: 410-455-1713