

## Employee Medical Inquiry Form

**TO BE COMPLETED BY THE EMPLOYEE:**

The employee named below hereby consents and agrees that their treating healthcare provider may complete this medical questionnaire and that the employee’s private medical information may be released to the employer, Hudson County Community College.

Your healthcare provider may require that you also sign a HIPAA Authorization form to release certain medical information. You have an obligation to cooperate in the interactive accommodation process, including authorizing the release of medical information necessary to evaluate a request for accommodation.

Name	Title
Phone	Email

Brief description of the requested accommodation:

Employee Signature	Date
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**TO BE COMPLETED BY HEALTHCARE PROVIDER:**

**INSTRUCTIONS TO THE HEALTHCARE PROVIDER:** The above-named employee is currently employed by Hudson County Community College. The employee has reported a disability and has requested an accommodation. We currently are engaged in a dialogue with the employee regarding the employee’s request for an accommodation pursuant to the Americans with Disabilities Act (“ADA”) and New Jersey Law Against Discrimination (“NJLAD”). We are seeking your input.

1. Have you reviewed the employee’s job description and essential job functions, or its equivalent (if a job description is not attached, please discuss with the employee)?  
 Yes       No
  
2. Does the employee have a disability?<sup>1</sup>

<sup>1</sup> Under the ADA, an individual with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived  
4812-2663-0369, v. 1

Yes       No

**If you answered yes to question #2, please answer the following:**

3. Please describe the employee's disability:

4. Is the employee's disability temporary or permanent?

Temporary       Permanent

If temporary, give the approximate duration of the limitation imposed by the employee's disability:

5. Describe how the disability affects the employee's ability to perform any of the employee's major life activities:

6. Does the disability affect the employee's ability to perform any of the employee's essential job functions?

Yes       No

If yes, describe how.

7. Are there ways in which the employer can reasonably accommodate the employee that would enable the employee to perform the essential functions of their job?<sup>2</sup>

Yes       No

If yes, describe the proposed accommodations.

8. Provide any other comments or observations that you feel are important for the College to understand the employee's disability-related restrictions/limitations and/or the employee's ability to perform the essential functions of their position in light of those restrictions/limitations.

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,

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by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered. Major life activities are described as activities that an average person can perform with little or no difficulty. The regulations do not give a comprehensive list but mention the following: sitting; breathing; seeing; standing; performing manual tasks; hearing; walking; lifting; learning; speaking; working; and caring for oneself.

<sup>2</sup> A reasonable accommodation may include, but is not limited to: job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.

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 family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Healthcare Provider Please Print	Specialty
Address	Phone Number
City, State, Zip Code	License or Certification Number
Signature	Date