UMBC HEALTH PROVIDER INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

Instructions: Form is to be completed by a licensed health care provider who has treated the employee for the health condition that the employee is requesting accommodation. The employee is encouraged to discuss the essential functions of their job with the provider to discern available interventions, including the incorporation of the employee's personal assistive devices, such as a wheelchair/mobility device or assistive listening device, within the work environment. Employees may use their job description as a resource for this process. If the accommodation being sought is solely leave to address the employee's serious health condition, please review the FMLA Leave Process via the Human Resources website.

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	
	☐ Thinking	☐ Learning	☐ Working	
☐ Breathing	☐ Toileting	☐ Sitting	☐ Reproduction	

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	
		☐ Reproductive	
☐ Digestive	☐ Lymphatic	☐ Musculoskeletal	
☐ Bowel	☐ Neurological	☐ Special Sense	
☐ Bladder	☐ Brain	☐ Cardiovascular	
☐ Genitourinary	☐ Respiratory		

Questions to help determine whether an accommodation is needed.
What limitation(s) is(are) 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)?

What personal assistive devices (corrective lenses, hearing devices, mobility aids, or similar) will be in use in the workplace?
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?

Comments, including how long employee has been under your care for the condition

Licensed Health Care Professional's Signature _____ _

Health Care Professional's Printed Name _____ Date _____

Address: _____

Phone: _____

Employees/Applicants are to return the completed, original form to: Stephanie Lazarus, Accessibility Manager
UMBC, Office of Accessibility & Disability Services
1000 Hilltop Circle, MP 218
Baltimore, MD 21250
Phone: 410-455-5745 *Fax*: 410-455-1028