

**PORTLAND COMMUNITY COLLEGE MEDICAL INQUIRY FORM IN
RESPONSE TO AN ACCOMMODATION REQUEST**

(To be completed by the employee's physician)

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A. PCC Employee/Patient's Name:

B. Questions to help determine whether an employee has a disability:

The following questions are to help determine whether the employee has a disability under the ADA (i.e. if the person has an impairment that substantially limits one or more major life activities):

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

What is the impairment? _____

Please attach a diagnostic statement on letterhead, identifying the employee's impairment, the date of the most current diagnostic evaluation and the date of the original diagnosis.

Is the impairment long-term or permanent? Yes No

If *not* permanent, how long will the impairment likely last? _____

What is the expected progression or stability over the next five years?

Does the impairment affect a major life activity? Yes No

If yes, what major life activity(s) is/are affected? (check all that apply)

- | | | | | |
|--|------------------------------------|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Lifting | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Standing | <input type="checkbox"/> Seeing | <input type="checkbox"/> Sleeping | (describe) |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Concentrating | |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Learning | <input type="checkbox"/> Reproduction | |
| <input type="checkbox"/> Working | <input type="checkbox"/> Toileting | <input type="checkbox"/> Sitting | | |

Is the employee substantially limited in one or more of these major life activities? (*Substantially limited* means the individual is unable to perform or is significantly limited in the ability to perform a major life activity compared to an average person in the general population) Yes No

In which activity/activities is the employee substantially limited and how is the employee's ability to perform the activity affected by the impairment?

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C. Questions to determine whether an accommodation is needed.

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 determine whether the requested accommodation is needed because of the disability:

What limitation(s) is interfering with job performance?

What job function(s) is the employee having trouble performing because of the limitation(s)?
(Refer to attached job description)

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

D. Questions to help determine effective accommodation options.

If an employee has a disability and needs an accommodation because of the disability, the following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance?
If so, what are they?

