MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST 999(.)5.906 ()E Qi(l)4.099(on006 s(T) /A

substantially limits one or more major life may help determine whether an employee

Does the employee have a physical or mental impairment?		Yes	No		
If yes, what is the impairment?					
(Response Required)					
Is the impairment long-term?	Yes		No		
Is the impairment permanent	Yes		No		
If not permanent, how long will the impairment likely last?					
Answer the following question based on what limitations the employee has when his or her condition is in an					

Answer the following question 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, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity?

... Bending ... Hearing ... Reaching ... Speaking ... Other: (describe) | RD2231Cl>0AW1it095c[(O)5.13 (e)12.g08313.08 ()]TJ EMC /Artifact <<>>BDC /C2_1 11.04 T1668.04 0 Td <0085>Tj EW

D. Comments or addition al infor mation in support of request.				
Employee's Name				
T^åa&adÁÚ¦[-^••ā[}adq Signature	Date			
License Number				
Clinic or Company Name:				
Address:				
Phone Number:				
Return this form toemail:employee-accommodations@umgc.edu				
For questions call (301) 985-7021 mail: employee-accommodations@umgc.edu				

	-	