Boston University Equal Opportunity Office
888 Commonwealth Ave., Suite 303
Boston, Massachusetts 02215
T 617-353-6474 F 833-601-0856
www.bu.edu/eoo

BOSTON UNIVERSITY

Request for Information for ADA Reasonable Accommodations

Dear Healthcare Provider**,**

Your patient is employed at Boston University and has requested a reasonable accommodation under the ADA to assist them in performing their position. In order to assess whether we can make an accommodation, we need you to both confirm an accommodation is needed and get your input as to whether the requested accommodation would allow your patient to perform the essential functions of their position. Please complete the below medical questionnaire in full so that we may be able to review this request. Thank you for assisting your patient and Boston University.

Patient Name:
DOB:

Health Care Provider: Please complete the information below and submit this form by FAX to 1-833-601-0856

SECTION ONE: QUESTIONS TO HELP DETERMINE WHETHER AN EMPLOYEE HAS A QUALIFYING DISABILITY

1. Does the patient have a physical or mental impairment?

☐ Physical	☐ Mental
☐ Both	☐ No impairment

2. If *yes*, what is the impairment or the nature of the impairment? _____
_____

3. Does the impairment substantially limit a major life activity as compared to most people in the general population?
☐ Yes ☐ No

4. If yes, what major life activity(s) (including major bodily functions) is/are affected:

☐ Bending	☐ Hearing	☐ Reaching	☐ Speaking	☐ Other (describe):
☐ Breathing	☐ Interacting with Others	☐ Reading	☐ Standing	
☐ Caring for Self	☐ Learning	☐ Seeing	☐ Thinking	
☐ Concentrating	☐ Lifting	☐ Sitting	☐ Walking	
☐ Eating	☐ Performing Manual Tasks	☐ Sleeping	☐ Working	

SECTION TWO: QUESTIONS TO HELP DETERMINE WHETHER AN ACCOMMODATION IS NEEDED

5. Please mark all restrictions and/or limitations that affect your patient's ability to perform the essential functions of their position. **Be as specific as possible.**
   - ☐ Maximum lifting and/or carrying of _____ pounds. These restrictions apply to: (circle one) right arm / left arm / both arms
   - ☐ No bending at waist more than _____ times in a row and ____ minutes per hour
   - ☐ No squatting more than _____ minutes at one time and _____ minutes per hour

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- ☐ No kneeling more than _____ minutes at one time and _____ minutes per hour. These restrictions apply to: (circle one) right knee / left knee / both knees
- ☐ No pushing/pulling of _____ pounds of force
- ☐ No standing more than _____ minutes at one time and _____ minutes per hour ____ hours per day
- ☐ No sitting more than _____ minutes at one time and _____ minutes per hour ____ hours per day
- ☐ No walking more than _____ minutes at one time and _____ minutes per hour ____ hours per day
- ☐ Restricted above shoulder level reach for _____ minutes at one time and _____ minutes per hour. These restrictions apply to: (circle one) right shoulder / left shoulder / both shoulders
- ☐ Must alternate sitting/standing after ____ minutes of one activity
- ☐ Limit stairs and steps to ____ steps at one time
- ☐ After a total of _____ minutes per hour, employee will require a _____ minute(s) break.
- ☐ Additional ____ minutes to perform a task. If a task should take 1 hour, employee will require ____ additional minutes.
- ☐ Computer usage:
  - Maximum keyboard usage at one time: ____minutes per hour and _____ hours per day
  - Maximum screen time: ____minutes per hour and _____ hours per day
- ☐ Due to your patient's condition, adjustments to the workspace may be necessary. Please specify the medical restriction and/or limitation that may necessitate any adjustments (e.g. office location, lighting, noise level, work hours). *Please note, our office only requires the medical limitation and/or restriction in this section. If a recommendation or diagnosis is only provided, it will not allow us to properly explore potential accommodations and additional follow up from our office may be needed.*

  _____
  _____
  _____
  _____
  _____
- ☐ Other limitations/restrictions (list below):

  _____
  _____

6. Status of impairment (please provide your best medical judgement):
   - Restrictions are
     - ❒ **Temporary** from (start date): _____ through (expected end date): _____
     - ❒ **Permanent**
   - Date employee can return to work: _____
   - Will patient's condition likely worsen, thereby potentially requiring additional and/or adjusted accommodations? ☐ Yes ☐ No

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SECTION THREE: QUESTIONS TO HELP DETERMINE EFFECTIVE ACCOMMODATION OPTIONS

7. Based on the employee's medical restrictions/limitations, what are your suggestions regarding possible workplace accommodations to assist the employee in performing the essential functions of their position?

_____
_____
_____

8. How would your suggestions improve the employee's ability to perform the essential functions of their job?

_____
_____
_____

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

I hereby acknowledge and verify by my signature that the information provided is accurate, complete, and current.

MD/NP/PA/DO Signature: _____ Date:_____

Print Physician Name: _____State/License #_____

Address:_____

Phone:_____ Fax:_____

Boston University may request additional documentation if the information above is not sufficient to proceed with the reasonable accommodation process. Please respond to all requests in a timely fashion to avoid delays.