

## **Medical Inquiry Form**

Oakland University

The purpose of this Medical Inquiry Form is to assist Oakland University's respective human resource departments to determine whether, and to what extent, a reasonable accommodation for a disabled faculty, staff, or applicant is necessary. This information will be kept confidential and shared only with those directly involved and on an as needed basis. Information may also be provided in emergency situations to medical personnel assisting the faculty or staff member or as required by law.

Faculty and applicants for faculty positions should complete this Medical Inquiry Form and submit it to the Academic Human Resources Department at 517 Wilson Hall. Staff and applicants for staff positions should complete this Medical Inquiry Form and submit it to the University Human Resources Department at 431 Wilson Hall.

### **To the Medical Professional:**

Does the employee/applicant have a physical or mental impairment?      YES                      NO

Is the impairment permanent?                      YES                      NO

Please attach a letter regarding the medical condition of the faculty/staff/applicant in reference to their request for reasonable accommodations based on the American's with Disabilities Act. In this letter to Oakland University Human Resources Department, please address the following:

- Indicate how the disability limits the employee/applicant's performance of essential functions of the position.
- What accommodations are necessary? How would your suggestions improve the employee's/applicant's job performance?
- How long do you expect this accommodation to be necessary? Please provide any additional comments regarding the length of accommodations.

Please attach or enclose all relevant medical documentation.

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Medical Professional's Signature

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Date

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**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.