

**HEALTH CARE PROVIDER QUESTIONNAIRE
FOR THE PURPOSE OF PROVIDING REASONABLE ACCOMMODATION**

Employee Name: _____

Employee's Position: _____

IMPORTANT NOTE TO HEALTH CARE PROVIDER: When answering these questions, please **do not take into consideration any ameliorative effects of mitigating measures**, such as medications, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies; use of assistive technology; reasonable accommodations or auxiliary aids or services; or learned behavioral or adaptive neurological modifications.

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.

Does the employee have a physical or mental **impairment**? Yes _____ No _____
(An impairment is a physiological disorder affecting one or more body systems, or a mental or psychological disorder, including, but not limited to, the conditions listed below.)

If yes, what is the impairment? _____

Please **circle** any of the following conditions, **without regard to severity**, unless otherwise indicated, that the employee may have.

- | | | |
|--|---------------------|--------------------|
| Acquired Brain Injury | Alcoholism | |
| Amyotrophic Lateral Sclerosis | Bipolar Disorder | Cancer |
| Blindness or abnormal vision loss | Cerebral Palsy | Crohn's Disease |
| Major Depressive Disorder | Lupus | Cystic Fibrosis |
| Deafness or abnormal hearing loss | Diabetes | Epilepsy |
| Substantial disfigurement | Heart Disease | HIV or AIDS |
| Kidney or Renal Diseases | Mental Retardation | Mastectomy |
| Major Depressive Disorder | Multiple Sclerosis | Muscular Dystrophy |
| Pervasive Developmental Disorders | Parkinson's Disease | Paralysis |
| Rheumatoid Arthritis | Schizophrenia | |
| Chronic Obstructive Pulmonary Disease | | |
| Absent, artificial or replacement limbs, hands, feet or vital organs | | |

Is the employee currently impaired, or is the impairment episodic or in remission? _____

What is the anticipated **duration** of the impairment? _____

If the actual or expected duration is more than six months, does the condition impair the employee's physical or mental health to a significant extent as compared to what is ordinarily expected in the general population? Yes _____ No _____

If yes, please describe how the impairment impairs the employee's physical or mental health

Does the impairment require special education, vocational rehabilitation or related services?
Yes _____ No _____ If yes, please describe: _____

Please **circle** any of the following major life activities are affected by the impairment.

- | | | | |
|---|----------|---------------|-------------------------|
| Walking | Speaking | Breathing | Caring for Oneself |
| Hearing | Seeing | Thinking | Communicating |
| Reading | Standing | Reaching | Interacting with Others |
| Learning | Lifting | Concentrating | Performing Manual Tasks |
| *Working | Sleeping | Eating | Bending |
| **Major Bodily Functions (Describe) _____ | | | |
| Other (Describe) _____ | | | |

****If working is an activity affected by the impairment, please indicate the class of jobs, or broad category of work, which is affected by the impairment.***

*****Major Bodily Functions include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.***

Does the impairment **substantially limit** the employee's ability to perform such major life activities?
Yes _____ No _____

For each major life activity that is limited by the impairment, please describe how the employee is restricted as to the condition, manner, or duration under which that activity can be performed, as compared to the way in which an average person in the general population can perform that activity:

Based on your understanding of the employee's job requirements, please assess whether the employee can perform all job functions: Yes _____ No _____

If not, which job functions cannot be performed, and why not? _____

What reasonable accommodation(s), if any, would you recommend for the employer to consider in order to enable the employee to work? _____

Would performing any of the job functions result in a direct safety or health threat to this employee or other people (co-workers, members of the general public, etc.)? Yes* _____ No _____

* If yes, please describe:

(a) which job function(s) would pose such a threat: _____

(b) the direct safety or health threat posed: _____

(c) any reasonable accommodations that would eliminate or reduce such threat: _____

Signature _____
Printed Name _____
Occupation _____

Date _____

State of Maine
Department of Administrative & Financial Services

**Certificate Authorizing Release of
Medical/Health Care and Personnel Information**

Employee Name: _____ Home phone: _____

Address: _____

Job Class Title: _____

Health Care Provider: _____

Address: _____

I authorize my employer to obtain medical records and information from my physician, osteopath, chiropractor, therapist or other health care provider for the specific purposes of:

- ❖ determining whether I have a disability under the Maine Human Rights Act, the Americans with Disabilities Act, and/or the Rehabilitation Act of 1973;
- ❖ determining the effect of the disability on performance of essential job functions; and/or
- ❖ determining appropriate reasonable accommodations.

I understand that any medical records or other information will be released only for the purposes stated above and will be maintained in a separate location from my personnel file and will remain confidential except to the extent necessary to make the determinations stated above.

This authorization includes substance abuse treatment records to the extent necessary to make the above determinations. (See PL-92-225, PL 93-382, 42 CFR Part 2).

Unless I revoke this release, it will remain in effect for one year from this date. I am entitled to a copy of this release.

I have the right at any time to revoke this release and to refuse authorization to disclose all or some medical information, but my revocation or refusal may result in denial of my request for reasonable accommodation. I can revoke this release by providing written notice to my personnel officer or the departmental equal employment opportunity coordinator.

I also hereby authorize my employer, the State of Maine, to release to my health care providers any and all documents related to me and my employment with the State of Maine, including, but not limited to: workers' compensation information, medical information of any kind, performance evaluations and personal references submitted in confidence, complaints, charges, or accusations of misconduct, replies to those complaints, charges or accusations and any other information or materials that may result in disciplinary action.

Employee Signature: _____

Date: _____

EMPLOYEE'S REQUEST FOR REASONABLE ACCOMODATION(S)

Employee Name: _____ Home phone: _____

Address: _____

Job Class Title: _____

Employment status (circle): Full Time Part Time Seasonal Applicant

Nature of impairment / condition: _____

Do you have any of the following conditions? If so, please circle the appropriate condition(s):

- | | | |
|--|---------------------|--------------------|
| Acquired Brain Injury | Alcoholism | |
| Amyotrophic Lateral Sclerosis | Bipolar Disorder | Cancer |
| Blindness or abnormal vision loss | Cerebral Palsy | Crohn's Disease |
| Major Depressive Disorder | Lupus | Cystic Fibrosis |
| Deafness or abnormal hearing loss | Diabetes | Epilepsy |
| Substantial disfigurement | Heart Disease | HIV or AIDS |
| Kidney or Renal Diseases | Mental Retardation | Mastectomy |
| Major Depressive Disorder | Multiple Sclerosis | Muscular Dystrophy |
| Pervasive Developmental Disorders | Parkinson's Disease | Paralysis |
| Rheumatoid Arthritis | Schizophrenia | |
| Chronic Obstructive Pulmonary Disease | | |
| Absent, artificial or replacement limbs, hands, feet or vital organs | | |

Date that impairment/condition began: _____

Anticipated duration of the impairment/condition, including whether the impairment is current, episodic, or in remission: _____

Please list special education, vocational rehabilitation or related services, if any, that your impairment/condition requires: _____

Please circle any of the following major life activities are affected by the impairment.

- | | | | |
|----------|----------|---------------|-------------------------|
| Walking | Speaking | Breathing | Caring for Oneself |
| Hearing | Seeing | Thinking | Communicating |
| Reading | Standing | Reaching | Interacting with Others |
| Learning | Lifting | Concentrating | Performing Manual Tasks |
| *Working | Sleeping | Eating | Bending |

**Major Bodily Functions (Describe) _____
Other (Describe) _____

****If working is an activity affected by the impairment, please indicate the specific tasks or duties of your work that are affected by the impairment, and what functions you are still able to perform.***

*****Major Bodily Functions include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.***
