SYRACUSE UNIVERSITY
EQUAL OPPORTUNITY, INCLUSION,
AND RESOLUTION SERVICES

DATE_____

Dear Healthcare Provider:

NAME_____ has requested a reasonable accommodation(s) due to disability. In order to allow us to further evaluate and engage in meaningful discussions about appropriate accommodations we need you to complete the questionnaire that follows.

Disability is defined by the **New York State Human Rights Law** as a physical, mental, or medical impairment resulting from anatomical, physiological, genetic or neurological conditions that prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques, or a record of such an impairment, or a condition regarded by others as such impairment.

Under the **Americans with Disabilities Act**, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment.

If you have any questions or concerns about this request, contact the Equal Opportunity and Accommodations Specialist at 315-443-5367. The completed form can be faxed to 315-443-5021.

<table>
<tr><td colspan="3">A. Questions to help determine whether an employee has a disability.</td></tr>
<tr><td>Does the employee have a physical or mental impairment?</td><td>Yes ☐</td><td>No ☐</td></tr>
<tr><td colspan="3">If yes, what is the impairment or the nature of the impairment?</td></tr>
<tr><td colspan="3">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.</td></tr>
<tr><td rowspan="2">Does the impairment substantially limit a major life activity as compared to most people in the general population?

Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.</td><td>Yes ☐</td><td>No ☐</td></tr>
<tr><td colspan="2">OR

Describe the employee’s limitations when the impairment is active.</td></tr>
</table>

If *yes*, what major life activity(s) (includes 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	

Major bodily functions:

☐ Bladder	☐ Digestive	☐ Lymphatic	☐ Reproductive
☐ Bowel	☐ Endocrine	☐ Musculoskeletal	☐ Respiratory
☐ Brain	☐ Genitourinary	☐ Neurological	☐ Special Sense Organs & Skin
☐ Cardiovascular	☐ Hemic	☐ Normal Cell Growth	☐ Other: (describe)
☐ Circulatory	☐ Immune	☐ Operation of an Organ	

B. Other questions or comments.

Medical Professional's Signature Date

Professional license or specialty

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.