



State of Delaware  
Department of Human Resources

Healthcare Provider Questionnaire in Response to An Accommodation Request Americans with Disabilities Act (ADA)	
Policy #: To be assigned.	Authority: Americans with Disabilities Act Amendments Act of 2008 (ADAAA or ADA); 19 Del. C. Chapter 7, 720-728 Delaware Persons with Disabilities Employment Protections Act.
Effective Date: January 8, 2021	Supersedes: September 1, 2020

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Agency/Division: \_\_\_\_\_ Date: \_\_\_\_\_

The purpose of this form is to determine whether an employee has a disability that qualifies for an accommodation consistent with the Americans with Disabilities Act (ADA) and must be completed by the treating healthcare provider. The ADA provides for reasonable accommodations for qualifying employees to perform the essential functions of their jobs and provides accommodations for other benefits and privileges of employment (e.g., training development, recognition activities, etc.). **Note: Please do not provide medical diagnosis.**

**PART 1: Questions to help determine whether an employee has a disability.**

1. Does the employee have a physical or mental impairment?  Yes  No  
If yes, continue to Question 2. If no, go to Part 4.

Please answer the following question based on what limitations the employee has when his/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. Mitigating measures may not necessarily exclude a qualified individual with a disability from coverage under the ADA.

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

*Note: "Substantially limited" means the employee is unable to perform the activity, or substantially limited in the manner or duration under which s/he can perform the activity, as compared to the ability of the average person in the general population.*

Please describe the employee's substantial limitations. \_\_\_\_\_  
\_\_\_\_\_

3. If yes, what major life activity(ies) (includes major bodily functions) is/are affected?

- |  |                                    |  |  |                                   |                                   |
|--|------------------------------------|--|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Bending                 | <input type="checkbox"/> Breathing | <input type="checkbox"/> Caring for Self | <input type="checkbox"/> Concentrating           | <input type="checkbox"/> Eating   | <input type="checkbox"/> Hearing  |
| <input type="checkbox"/> Interacting with others | <input type="checkbox"/> Learning  | <input type="checkbox"/> Lifting         | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Reaching                | <input type="checkbox"/> Reading   | <input type="checkbox"/> Seeing          | <input type="checkbox"/> Sitting                 | <input type="checkbox"/> Working  |                                   |
| <input type="checkbox"/> Standing                | <input type="checkbox"/> Thinking  | <input type="checkbox"/> Walking         |  |                                   |                                   |
| <input type="checkbox"/> Other: (describe) _____ |                                    |  |  |                                   |                                   |

**PART 2: Questions to help determine whether an accommodation is needed.**

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability.

1. Can the employee perform the essential functions of the position WITH a Reasonable Accommodation? (See attached description of essential job functions.)       Yes    No  
If you answered YES, which job function(s) require an accommodation? \_\_\_\_\_  
\_\_\_\_\_
2. What job function(s) or benefits of employment is the employee having difficulty performing or accessing because of disability(ies)? \_\_\_\_\_  
\_\_\_\_\_
3. How does the employee’s limitation(s) interfere with his/her ability to perform the essential function(s) or access a benefit employment? \_\_\_\_\_  
\_\_\_\_\_
4. Is the substantial limitation **temporary or permanent?**      **Temporary**      **Permanent**
  - a. If temporary, what is the anticipated duration of the impairment? \_\_\_\_\_  
\_\_\_\_\_

**PART 3: Questions to help determine effective accommodation options.**

If an employee has a disability and needs an accommodation, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

1. What are your suggestions regarding possible accommodations to assist the employee perform the essential functions of the job? (Please list all recommendations.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 4: Healthcare Provider Information.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Healthcare Provider’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party’s electronic signature for purpose of the Uniform Electronic Transactions Act, 6 *Del. C.*, Ch. 12A, may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

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, **please do 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, 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.