Delaware Department of
**Human Resources**

| HEALTHCARE PROVIDER QUESTIONNAIRE IN RESPONSE TO AN ACCOMMODATION REQUEST<br>AMERICANS WITH DISABILITIES ACT[1] (ADA)- Statewide | |
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| **DHR-STW-Form #: DHR-STW-201.1-SD1** | **Authority: Americans with Disabilities Act of 2008 (ADA); 42 U.S.C. § 21G Pregnant Workers Fairness Act; 29 U.S.C. §218d PUMP for Nursing Mothers Act; 19 Del. C. §§ 710, 711, 716** |
| **Effective Date: January 2, 2025** | **Revision Date: December 17, 2024** |
| **Supersedes: December 1, 2023** | |

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). **THIS FORM MUST BE COMPLETED ENTIRELY 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: Employee Information.

Employee Name: ______________________________ Job Title: _________________________

Department/Agency: ______________________________ Date: __________________________

## Part 2: 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.

[1] While pregnancy itself is not a disability under the ADA, some pregnant workers may have one or more impairments related to their pregnancy that qualify as a "disability" 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) is/are affected? (include major bodily functions)

   ☐ Bending ☐ Breathing ☐ Caring for Self ☐ Concentrating ☐ Eating ☐ Hearing

   ☐ Learning ☐ Lifting ☐ Reaching ☐ Reading ☐ Seeing ☐ Sitting

   ☐ Sleeping ☐ Speaking ☐ Standing ☐ Thinking ☐ Walking ☐ Working

   ☐ Interacting with others ☐ Performing Manual Tasks

   ☐ Other: (describe) ________________________________

   List Major Bodily Functions affected:

   ________________________________________________________________

   ________________________________________________________________

## Part 3: Questions to help determine whether an Accommodation is Needed.

An employee with a disability is entitled to a reasonable 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. Please review Job Description (Class Specification) and essential job functions.

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. Describe the job function(s) or benefits of employment 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 benefits of employment?

4. The substantial limitation is **temporary** ☐ OR **permanent** ☐.
   If temporary, what is the anticipated duration of the impairment?

5. **Is the impairment episodic?** ☐ Yes ☐ No

   Estimate the frequency of flare-ups and the duration of related incapacity the patient may (e.g. 1 episode every 3 months lasting 1-2 days):
   **Frequency:** ________ times per week/ month
   **Duration:** _________ hour(s)/day(s) per episode

## Part 4: Additional Information/Comments

## Part 5: Healthcare Provider Information.

Name: ____________________________________ Address: ______________________________

Phone Number: ____________________________ Fax Number:___________________________

Email Address: ____________________________

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.