



# IRS, Office of Chief Counsel

## REASONABLE ACCOMMODATION MEDICAL INQUIRY AND DOCUMENTATION REQUEST FORM

Employee/Applicant Name: \_\_\_\_\_

### **A. Questions to help determine whether a job applicant or employee has a disability.**

*For reasonable accommodation under the ADA, a job applicant or employee has a disability if they have an impairment that substantially limits one or more major life activities or a record of such impairment. The following questions may help determine whether a job applicant or employee has a disability:*

Does the employee have a disability or physical or mental impairment? \_\_\_\_\_

If yes , what is the disability or impairment?

Is the disability or impairment long-term or permanent? \_\_\_\_\_

If *not* permanent, how long will the impairment likely last?

*Answer the following questions based on what limitations the employee has when their 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, and learned behavioral or adaptive neurological modifications. Mitigating measures do not have to include ordinary eyeglasses or contact lenses.*

Does the impairment substantially limit a major life activity? \_\_\_\_\_

*Note: Does not need to significantly or severely restrict to meet this standard.*

If yes , what major life activity(ies) is/are affected?

|                         |           |          |               |
|-------------------------|-----------|----------|---------------|
| Caring for Oneself      | Walking   | Hearing  | Lifting       |
| Interacting with Others | Standing  | Seeing   | Sleeping      |
| Performing Manual Tasks | Reaching  | Speaking | Concentrating |
| Breathing               | Thinking  | Learning | Reproduction  |
| Working                 | Toileting | Sitting  |               |

Other (*describe*) : \_\_\_\_\_

Does the impairment substantially limit the operation of a major bodily function? \_\_\_\_\_

*Note: Does not need to significantly or severely restrict to meet this standard.*

If yes, what bodily function is affected?

Immune

Hemic

Circulatory

Normal Cell Growth

Special Sense Organs and Skin

Endocrine

Digestive

Lymphatic

Reproductive

Bowel

Neurological

Musculoskeletal

Bladder

Brain

Special Sense

Genitourinary

Respiratory

Other (describe): \_\_\_\_\_

## **B. 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:*

What limitation(s) is interfering with job performance?

What job function(s) is the employee having trouble performing because of the limitation(s)?

How does the employee's limitation(s) interfere with their ability to perform the job function(s)?

## **C. Questions to help determine effective accommodation options.**

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

Do you have any suggestions regarding possible accommodations to improve job performance? \_\_\_\_\_

If so, what are they?

How would your suggestions improve the employee's job performance?

**D. Comments.**

Medical Professional Name/Title: \_\_\_\_\_

Medical Professional Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Professional's Signature: \_\_\_\_\_

Medical documentation must be treated as confidential and emailed to the  
Reasonable Accommodation Coordinator (RAC),  
CC.ReasonableAccommodationServices@irsounsel.treas.gov