

Medical Inquiry for Accommodation Request

TO BE COMPLETED BY EMPLOYEE:

Employee Name: _____ Department: _____

Position Title: _____

1. I am at an increased risk for severe illness related to COVID-19 due to the following Center for Disease Control identified [underlying medical condition](#):

2. I am requesting accommodation due to being 65 years of age or older.

Yes

No

3. Complete the section below and submit the documentation to your HR Business Partner to support the need for accommodation.

I have medical documentation on file from a previous accommodation request.

I have attached other medical documentation to this form — i.e., documentation from past healthcare visit, note or email from healthcare provider.

4. If you do not already have medical documentation that supports the need for an accommodation, please have your healthcare provider complete and return the reverse side of this Medical Inquiry Form.

My healthcare provider will complete and return this Medical Inquiry Form.

A healthcare provider will complete this form for my household member.

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Return Form To: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

1. The above-named employee has an underlying medical condition that places them at increased risk for severe illness from COVID-19:
Yes No
2. Medical Condition: _____
3. What possible accommodation (if any) would allow the employee to complete the essential functions of their position?

4. What is the anticipated duration of the employee's medical condition that places them at increased risk?

Medical Professional Contact Information:

Name: _____

Phone: _____

Address: _____

Email: _____

Medical professional signature: _____

Medical professional printed name: _____

Practice Specialty: _____

Date: _____

Note: The Genetic Information Discrimination 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