MEDICAL INFORMATION REQUEST FORM

Date: __________________________________________

Name of Employee: __________________________________________

Printed Name and Title of Person Completing this Form: __________________________________________

Does the employee currently have a physical or mental impairment? □ Yes □ No

If yes, what is the nature and severity of the impairment?

What is your prognosis as to the duration of the employee’s condition?

Does the impairment substantially limit a major life activity? □ Yes □ No

If yes, what major life activity?

(Examples of major life activities include, but are not limited to: speaking, hearing, seeing, breathing, walking, standing, sitting, sleeping, reaching, learning, concentrating, thinking, reproducing, caring for self, interacting with others, and performing manual tasks.)

Does the impairment substantially limit a major bodily function? □ Yes □ No

If yes, what major bodily function?

(Examples of major bodily functions include, but are not limited to: circulatory, endocrine, reproduction, hemic, special sense organs and skin, lymphatic, immune, normal cell growth, digestive, neurological, brain, respiratory, bowel, bladder, genitourinary, musculoskeletal, and cardiovascular.)
What are the limitations/restrictions caused by the condition and/or the treatment of the condition?

Please indicate how the condition impacts the employee’s ability to perform the essential job functions, and how long you anticipate the condition will last.

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<th>Essential Job Function</th>
<th>Limitation/Impact</th>
<th>Anticipated Duration</th>
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What accommodation, if any, do you believe will enable the employee to perform the essential job functions, and how long do you believe the accommodation will be necessary?

__________________________________________________________

__________________________________________________________

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Signature of Medical Professional                Date

Please return to:
For Medical Center Employees:
Althea Howell, Medical Center Employee Relations, P.O. Box 800567, Charlottesville, VA 22908-0567
For University Academic Employees:
Sandy Bakoczy, University Human Resources, P.O. Box 400127, Charlottesville, VA 22904-4127