



**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.

<u>Essential Job Function</u>	<u>Limitation/Impact</u>	<u>Anticipated Duration</u>
1.		
2.		
3.		
4.		
5.		

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?

---

---

---

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:

Bobbi Thibo, University Human Resources, P.O. Box 400127, Charlottesville, VA 22904-4127