Boston University Equal Opportunity Office
888 Commonwealth Ave., Suite 303
Boston, Massachusetts 02215
T 617-358-1796 F 833-601-0856
www.bu.edu/eoo

BOSTON UNIVERSITY

Request for Information for ADA Reasonable Accommodations

Dear Healthcare Provider**,**

Your patient is employed at Boston University and has requested a reasonable accommodation under the ADA to assist them in performing their position. In order to assess whether we can make an accommodation, we need you to both confirm an accommodation is needed and get your input as to whether the requested accommodation would allow your patient to perform the essential functions of their position. Please complete the below medical questionnaire in full so that we may be able to review this request. Thank you for assisting your patient and Boston University.

Patient Name:
DOB:

Health Care Provider: Please complete the information below and submit this form by FAX to 1-833-601-0856

SECTION ONE: QUESTIONS TO HELP DETERMINE WHETHER AN EMPLOYEE HAS A QUALIFYING DISABILITY

1. Does the patient have a physical or mental impairment?

☐ Physical	☐ Mental
☐ Both	☐ No impairment

2. If *yes*, what is the impairment or the nature of the impairment? _____
_____

3. Does the impairment substantially limit a major life activity as compared to most people in the general population?
☐ Yes ☐ No

4. If yes, what major life activity(s) (including major bodily functions) is/are affected:

☐ Bending	☐ Hearing	☐ Reaching	☐ Speaking	☐ Other (describe):
☐ Breathing	☐ Interacting with Others	☐ Reading	☐ Standing	
☐ Caring for Self	☐ Learning	☐ Seeing	☐ Thinking	
☐ Concentrating	☐ Lifting	☐ Sitting	☐ Walking	
☐ Eating	☐ Performing Manual Tasks	☐ Sleeping	☐ Working	

SECTION TWO: QUESTIONS TO HELP DETERMINE WHETHER AN ACCOMMODATION IS NEEDED

5. Please mark all restrictions and/or limitations that affect your patient's ability to perform the essential functions of their position. **Be as specific as possible.**
   - ☐ Maximum lifting and/or carrying of _____ pounds. These restrictions apply to: (circle one) right arm / left arm / both arms
   - ☐ No bending at waist more than _____ times in a row and ____ minutes per hour
   - ☐ No squatting more than _____ minutes at one time and _____ minutes per hour

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- ☐ No kneeling more than _____ minutes at one time and _____ minutes per hour. These restrictions apply to: (circle one) right knee / left knee / both knees
- ☐ No pushing/pulling of _____ pounds of force
- ☐ No standing more than _____ minutes at one time and _____ minutes per hour ____ hours per day
- ☐ No sitting more than _____ minutes at one time and _____ minutes per hour ____ hours per day
- ☐ No walking more than _____ minutes at one time and _____ minutes per hour ____ hours per day
- ☐ Restricted above shoulder level reach for _____ minutes at one time and _____ minutes per hour. These restrictions apply to: (circle one) right shoulder / left shoulder / both shoulders
- ☐ Must alternate sitting/standing after ____ minutes of one activity
- ☐ Limit stairs and steps to ____ steps at one time
- ☐ After a total of _____ minutes per hour, employee will require a _____ minute(s) break.
- ☐ Additional ____ minutes to perform a task. If a task should take 1 hour, employee will require ____ additional minutes.
- ☐ Computer usage:
  - Maximum keyboard usage at one time: ____minutes per hour and _____ hours per day
  - Maximum screen time: ____minutes per hour and _____ hours per day
- ☐ Due to your patient's condition, adjustments to the workspace may be necessary (e.g. office location, lighting, noise level, work hours). **Please specify the medical restriction and/or limitation that may necessitate any adjustments.** *Please note, our office only requires the medical limitation and/or restriction in this section. If a recommendation or diagnosis is only provided, it will not allow us to properly explore potential accommodations and additional follow up from our office may be needed.*

  _____
  _____
  _____
  _____
  _____
- ☐ Other limitations/restrictions (list below):

  _____
  _____

6. Status of impairment (please provide your best medical judgement):
   - Restrictions are
     - ❒ **Temporary** from (start date): _____ through (expected end date): _____
     - ❒ **Permanent**
   - Date employee can return to work: _____
   - Will patient's condition likely worsen, thereby potentially requiring additional and/or adjusted accommodations? ☐ Yes ☐ No

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SECTION THREE: QUESTIONS TO HELP DETERMINE EFFECTIVE ACCOMMODATION OPTIONS

7. Based on the employee's medical restrictions/limitations, what are your suggestions regarding possible workplace accommodations to assist the employee in performing the essential functions of their position?

_____
_____
_____

8. How would your suggestions improve the employee's ability to perform the essential functions of their job?

_____
_____
_____

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, 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.

I hereby acknowledge and verify by my signature that the information provided is accurate, complete, and current.

Health Care Provider Signature: _____ Credentials: _____

Print Health Care Provider Name: _____ State/License #_____

Address:_____

Phone: _____ Fax: _____ Date: _____

Boston University may request additional documentation if the information above is not sufficient to proceed with the reasonable accommodation process. Please respond to all requests in a timely fashion to avoid delays.

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FAQs for Providers

Health Care Providers play an integral role in the reasonable accommodation process. Please review the frequently asked questions below to help best support your patient.

1 What is a Reasonable Accommodation?

A reasonable accommodation is any change in the work environment that allows an individual with a disability to enjoy the same employment opportunities as their colleagues.

2 How is a disability defined by BU?

According to the Americans with Disabilities Act (ADA), an employee with a disability is defined as a person who: Has a physical or mental impairment that substantially limits one or more major life activities; Has a record of such an impairment or Is regarded as having such an impairment

3 What needs to be included in the medical documentation to effectively help support your patient?

We need to have the following information to ensure our office can explore potential accommodations with your patient and their supervisor:

- the nature, severity, and duration of the impairment;
- the activity or activities that the impairment limits;
- the extent to which the impairment limits the ability to perform the activity or activities;
- why the requested reasonable accommodation is needed; and
- whether the requested accommodation will be effective

4 If my patient has a disability that does NOT limit a major life activity, can they still request an accommodation?

They can still request an accommodation, but if your patient's disability/medical condition does not limit a major life activity, then they will not be able to move forward with our process under the ADA (Americans with Disabilities Act).

5 Who can complete the Request for Information for ADA Reasonable Accommodation Form?

The best person to fill out the form is the health care provider who knows the medical condition and how it affect the person, including any impairment and functional limitations. The provider does not have to be a medical doctor (MD); they may be psychiatrists, psychologists, nurses, physical therapists, occupational therapists, speech therapists, vocational rehabilitation specialists, and licensed mental health professionals. Please note, this is not an exhaustive list of acceptable providers.

6 Do I need to provide the diagnosis/condition, and can I provide recommended accommodations?

No. Our office requires medical limitations and/or restrictions and will work with your patient's manager to explore potential accommodations. If only a recommendation or diagnosis is provided, it will not allow us to explore potential accommodations properly, and additional follow-up from our office may be needed.

7 Why must I provide a duration for the impairment?

This information is helpful as it allows our office to understand the potential length of the requested accommodation. If unknown, please provide an estimate based on your medical judgment.

8 Why am I being asked for further documentation?

Our office needs to fully understand the connection between the medical restrictions and/or limitations and the accommodation request. If the medical documentation is incomplete or does not identify the restrictions and/or limitations, we will request supplemental or clarifying information to support your patient's request.