

MEDICAL PROFESSIONAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

Individual/Participant Name: _____

(Court/Court Unit): _____

A. Questions to help determine whether an individual has a disability.

For reasonable accommodation purposes, an individual has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such impairment. The following questions may help determine whether an individual has a disability:

Yes

No

Does the individual have a physical or mental impairment?

If yes, what is the impairment? _____

Yes

No

Is the impairment long-term or permanent?

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

Yes

No

Answer the following questions based on what limitations the individual has when his or her condition is in an active state and what limitations the individual 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.

Does the impairment substantially limit a major life activity?

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

Yes

No

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

<input type="checkbox"/> Caring For Self	<input type="checkbox"/> Walking	<input type="checkbox"/> Hearing	<input type="checkbox"/> Lifting
<input type="checkbox"/> Interacting With Others	<input type="checkbox"/> Standing	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Reaching	<input type="checkbox"/> Speaking	<input type="checkbox"/> Concentrating
<input type="checkbox"/> Breathing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Learning	<input type="checkbox"/> Reproduction
<input type="checkbox"/> Working	<input type="checkbox"/> Toileting	<input type="checkbox"/> Sitting	<input type="checkbox"/> Other: _____

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.

Yes

No

If yes, what bodily function is affected?

<input type="checkbox"/> Immune	<input type="checkbox"/> Hemic	<input type="checkbox"/> Circulatory	<input type="checkbox"/> Other: (describe)
<input type="checkbox"/> Normal Cell Growth	<input type="checkbox"/> Special Sense Organs and Skin	<input type="checkbox"/> Endocrine	
<input type="checkbox"/> Digestive	<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Reproductive	
<input type="checkbox"/> Bowel	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal	
<input type="checkbox"/> Bladder	<input type="checkbox"/> Brain	<input type="checkbox"/> Special Sense	
<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Cardiovascular	

B. Questions to help determine whether an accommodation is needed.

What limitation(s) is interfering with the individual's ability to communicate?

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

How does the individual's limitation(s) interfere with his/her ability to communicate?

C. Questions to help determine effective accommodation options.

If an individual has a communication disability and needs an accommodation because of the disability, the Court must provide a reasonable accommodation, unless the accommodation poses an undue hardship or fundamentally changes the nature of the judicial proceeding. The following questions may help determine effective accommodations (Note: Additional space is provided on the last page):

Do you have any suggestions regarding possible effective accommodations?

If so, what are they? _____

How would your suggestions improve the individual's access to the Court or judicial proceeding?

D. Comments.

Medical Professional's Signature: _____

Date:

Medical Professional's Address: _____

Medical Professional's Official Stamp

Additional Comments.