

Department of Human Resources

ADA Coordinator

1831 Austin Bluff Parkway
Colorado Springs, CO 80918-3733
Telephone: 719-255-3372
Fax: 719-255-3426

Medical Information Request Form

(To be completed by healthcare practitioner)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers 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.

Employee Name: _____
(please print)

1. Please describe the employee's medical condition

2. When did the medical condition begin?

3. How long is the condition expected to last?

4. Please describe the seriousness of the condition (e.g., mild, moderate, severe):

5. Please describe the major life activities (e.g., breathing, eating, sleeping, walking, talking, manual tasks, etc.) that are substantially limited by the medical condition or accompanying treatment:
 - a. Please describe how these limitations impact the employee's ability to perform her/his job (please refer to employee's job description, if available):

6. *What* accommodation(s), if any, would you recommend for this employee?
 - a. If the suggested accommodation is not permanent, what is the likely duration of the accommodation?

7. Is there other information we should be aware of when evaluating what accommodation is most appropriate?

Treating Healthcare Practitioner Signature

Treating Healthcare Practitioner Printed Name

Date

Please fax to (719) 255-3426 or send via mail to UCCS, Human Resources, 1831 Austin Bluffs Parkway, Colorado Springs, CO 80918-3733. Please contact the ADA Coordinator at (719) 255-3372 if you have any questions.