



DEPARTMENT OF HEALTH AND HUMAN SERVICES
**REASONABLE ACCOMMODATION REQUEST
MEDICAL DOCUMENTATION PACKET**
CURRENT EMPLOYEES ONLY



The following forms used in the NIH Reasonable Accommodation (RA) Program are attached:

- **The Medical Documentation Fact Sheet** provides an overview of the medical information needed for hidden or non-obvious medical conditions of current employees.
- **The Medical Inquiry** form should be completed by your doctor/caregiver. This form provides a user-friendly method of gathering the necessary information. The information provided should be as specific as possible. Should the Agency require any additional information or review, you will be contacted by the specialist assigned to process your request.

The completed forms should be submitted to the NIH RA Program. Please either email: edi.ra@nih.gov, Fax: (301) 402-0994, or hand-deliver to Building 2, 3rd Floor at the NIH Main Campus in Bethesda, MD. Upon completion of review, management will issue a decision outlining the agency's decision and any accommodations that have been approved.

Your case will remain active for thirty (30) business days after you receive this information packet. If the request is not pursued by providing the necessary medical documentation within that time, your case will be considered inactive. However, you can pursue the request at any time in the future by providing the necessary documentation.

Any questions, concerns, and/or requests for clarification should be addressed to the Office of Equity, Diversity, and Inclusion (EDI) (301) 496-6301 or edi.ra@nih.gov.

MEDICAL DOCUMENTATION FACT SHEET

The following information must be contained within the medical documentation provided by the medical practitioner and may be provided on the attached Medical Inquiry Form:

- (1) the nature, severity, and duration of the impairment;
- (2) the activity or activities that the impairment limits;
- (3) the extent to which the impairment limits the ability to perform the activity or activities;
- (4) why the requested reasonable accommodation is needed; and
- (5) whether the requested accommodation will be effective.

The documentation must establish how the requested accommodation will assist in performing the essential functions of the position held; or, how the requested accommodation will enable the enjoyment of, and/or access to, the normal benefits and privileges of the workplace.

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 individual's family member or an embryo lawfully held be an individual or family member receiving assistive reproductive services (29 Code of Federal Reg. (CFR) 1635).

KEY DEFINITIONS

Definition of Disability (Americans With Disabilities Act (ADA) and Rehab Act)

A physical or mental impairment that substantially limits one or more major life activities (i.e., walking, speaking, breathing, seeing, hearing, learning, caring for oneself, performing manual tasks, sitting, standing, lifting, reading, etc.). Whether an impairment substantially limits a major life activity is determined by the nature and severity, duration (how long it's expected to last), and impact (permanent/long term) of the impairment. The term "substantially limits" should be construed broadly and does not need to prevent or severely restrict a major life activity. With the exception of "ordinary eyeglasses or contact lenses", determination of whether an impairment is substantially limiting should be made without regard to the benefits of mitigating measures (i.e., medication or hearing aids). An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

Qualified Individual with a Disability

With respect to employment, an individual with a disability who, with or without a reasonable accommodation, can perform the essential functions of the position.

Essential Functions

Those functions of a job that are so fundamental to the position that the individual cannot do the job without being able to perform them, e.g., the position exists specifically to perform that function, there are a limited number of other employee who could perform the function if it were assigned to them, or the function is specialized and the incumbent is hired based on his/her ability to perform it.

MEDICAL INQUIRY FORM

1. PATIENT'S NAME

2. DOES THE PATIENT HAVE A PHYSICAL OR MENTAL IMPAIRMENT?

Yes No

3. WHAT IS THE IMPAIRMENT/DIAGNOSIS?

4. HOW WOULD YOU DESCRIBE THE DURATION OF THE IMPAIRMENT?

Permanent Long-term Short-term

Intermittent, describe the frequency, duration, and severity of the impairment during a flare:

Frequency:

Duration:

Severity:

5. DOES THE IMPAIRMENT AFFECT ONE OR MORE MAJOR LIFE ACTIVITIES?

Yes No

a. If yes, what major life activity/activities is/are impaired?

Mechanical Activities

Sitting

Standing

Walking

Bending

Reaching

Grasping/Gripping

Lifting

Performing Manual Tasks

Caring for Self

Driving

Working

Bodily Activities

Sleeping

Toileting

Breathing

Reproduction

Sensory Activities

Hearing

Seeing

Executive Activities

Thinking

Concentrating

Learning

Speaking

Interacting with Others

Other Activities, describe

b. Please briefly describe the extent to which the impairments limit the patient's activities (for example: how many minutes per hour; frequency, weight restrictions, etc.):

c. Please estimate the how long each activity identified above will be restricted:

6. DO YOU ANTICIPATE THAT THE PATIENT WILL BE UNABLE TO WORK FOR A CONTINUOUS PERIOD? IF YES, PLEASE DESCRIBE THE ANTICIPATED DURATION AND FREQUENCY OF THE ABSENCE(S):

7. CAN YOU SUGGEST ACCOMMODATIONS THAT MAY ALLEVIATE OR MITIGATE THE PATIENT'S LIMITATIONS? IF SO, DESCRIBE THE PROPOSED ACCOMMODATIONS:

SIGNATURE

DATE

****For verification of signature please attach a stationery with your letter head and/or other verifiable document.
Thank you.***

CONFIDENTIALITY PROVISION: Collection of this information is authorized by the Rehab Act, ADA, and the Privacy Act. The primary use of this information is for the National Institutes of Health to process an RA. If an individual does not provide all or any part of the requested information, their RA request may be administratively denied. This information may be disclosed to relevant EDI staff and the EDI designated RA Agency Medical Reviewing Authority. The NIH may lawfully obtain relevant medical information and collect and maintain the information on separate forms and in separate medical files and treat it as a confidential medical record, except that: (i) supervisors and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations (ii) first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment; and (iii) government officials investigating Rehabilitation Act compliance shall be provided relevant information on request. (Rehab Act, ADA, Privacy Act, 29 CFR 1630, System Of Records Notice (SORN) 09-25-0099 <https://www.federalregister.gov/documents/2002/09/26/02-23965/privacy-act-of-1974-annual-publication-of-systems-of-records>).