



ADA Compliance

3100 Marine Street, 2nd Floor
557 UCB
Boulder, CO 80309
(303) 492-9725

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. How many visits have you had with this employee? _____

3. When did the medical condition begin? _____

4. How long is the condition expected to last? _____

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

6. 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):

7. 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?

8. 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

Treating Healthcare Practitioner License No.

When complete, please fax to **(303) 496-2330**, email to adacoordinator@colorado.edu or mail to:

ADA Compliance
557 UCB
University of Colorado Boulder
Boulder, CO 80309

Please contact the ADA Compliance at (303) 492-9725 or adacoordinator@colorado.edu if you have any questions.