Employee Name: __________________________________________

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

“Applicants extended an offer of employment, employees, program participants and students who request an accommodation are responsible for obtaining a medical statement that contains a diagnosis, prognosis and the major life function that is substantially limited, unless the disability is visible and/or obvious. This medical statement should include an evaluation as to the effect that the disability has on the prospective employee’s or employee’s ability to perform the duties associated with the position or the participant’s or student’s ability to complete the educational program.” --System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities, Section 8

The ADA defines an individual with a disability (IWD) as a person who: (1) has a physical or mental impairment that substantially limits one or more major life activities of such individual; (2) has a record of such impairment; or (3) is being regarded as having such an impairment. Also see Definitions under System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities.

The following questions may help determine whether the employee has a disability.

1. Does the employee have a physical or mental impairment? Yes □ No □
   If yes, what is the impairment? __________________________________________

2. Is the impairment long-term or permanent? Yes □ No □
   If not permanent, how long will the impairment likely last? __________________________

3. Is the impairment in remission? Yes □ No □ If yes, since when? ______________________

4. Is the impairment episodic? Yes □ No □
   If yes, how often do the symptoms generally become active? __________________________

5. Are there conditions which would prompt the symptoms to become active? ________________

6. What are the symptoms when they become active? ______________________________________

7. What treatment is required when the symptoms become active? ________________________
Answer the following questions based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include items 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. Mitigating measures do not include ordinary eyeglasses or contact lenses.

8. Does the impairment substantially limit a major life activity? Yes □ No □
   If yes, what major life activity(ies) is/are affected?
   □ Caring for Self   □ Walking   □ Hearing   □ Lifting   □ Breathing
   □ Standing   □ Seeing   □ Sleeping   □ Concentrating   □ Working
   □ Performing Manual Tasks   □ Speaking   □ Thinking   □ Learning   □ Bending
   □ Reading   □ Communicating   □ Other (describe) _________________________________

9. Does the impairment substantially limit the operation of a major bodily function? Yes □ No □
   If yes, what bodily function(s) is/are affected?
   □ Immune   □ Cardiovascular   □ Circulatory   □ Endocrine   □ Normal Cell Growth
   □ Digestive   □ Lymphatic   □ Reproductive   □ Bowel   □ Neurological
   □ Musculoskeletal   □ Bladder   □ Brain   □ Special Sense   □ Genitourinary
   □ Respiratory   □ Cardiovascular   □ Other (describe) _________________________________

B. Questions to help determine whether an accommodation is needed.
A qualified individual with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability.

“Qualified Individual” means “a person who, with or without reasonable accommodations, can perform the essential functions of the employment position that such individual holds or desires, or who can complete the requirements of an educational or training program without a fundamental alteration of that program.” --System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities, Definitions

10. What limitation(s) is interfering or may interfere with job performance?

___________________________________________________________________________

11. What essential function(s) of the job is the employee or prospective employee having difficulty performing or may have difficulty performing because of the limitation(s)?

___________________________________________________________________________

12. How does the employee’s limitation(s) interfere with his/her ability to perform the essential function(s) of the job, if they do?

___________________________________________________________________________

___________________________________________________________________________
C. Questions to help determine effective accommodation options.

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship.

“Undue Hardship” means “an action requiring significant difficulty or expense when considered in light of the following factors: (a) the nature and cost of the accommodation needed; (b) the overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation; the number of persons employed at such facility, the effect on expenses and resources; or the impact otherwise of such accommodation upon the operation of the facility; (c) the overall financial resources of the covered entity; the overall size of the business of a covered entity with respect to the number of its employees; the number, type, and location of its facilities; (d) the type of operation or operations of the covered entity, including the composition, structure and functions of the workforce of such entity; the geographic separateness, administrative or fiscal relationship of the facility or facilities in question to the covered entity; (e) the disruption to the employment or educational environment; and (f) the fundamental alteration of the nature or operation of the work or educational program.” --System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities, Definitions

“Reasonable Accommodation” means “the removal of barriers (physical or non-physical) to enable individuals with disabilities to enjoy the same or similar opportunities, benefits, and privileges as individuals without disabilities, that do not impose undue hardship on the member.” --System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities, Definitions

The following questions may help determine an effective accommodation.

13. Do you have any suggestions regarding possible accommodations to meet job requirements? If so, what are they?
__________________________
__________________________

14. How would your suggestions allow the employee to meet job requirements?
__________________________
__________________________

Additional Comments: ____________________________
__________________________

Printed Name of Medical Provider ____________________________
Street Address ____________________________
City, State Zip Code Phone Number ____________________________

Signature of Medical Provider ____________________________
Date ____________________________

***ALL INFORMATION PROVIDED IS CONFIDENTIAL AND WILL BE RETAINED IN THE EMPLOYEE’S LEAVE/MEDICAL FILE***

RETURN COMPLETED AND SIGNED FORM TO:
Texas A&M International University
Office of Compliance
5201 University Boulevard
Laredo, TX 78041-1900

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