Equal Opportunity and Access Office

Medical Information Request Form – Medical Provider

for Vanderbilt Employees

To Vanderbilt Employee:

To initiate a request for a reasonable accommodation, an employee must:

- Submit the completed Reasonable Accommodation Request form and the Medical Information Request form to the Equal Opportunity and Access Office (EOA).
- The Medical Information Request form is to be completed by the employee's physician or care provider. Employees are to complete Section I below, provide a copy of their job description to their medical provider and have the medical provider complete Section II.
- Completed forms are to be returned to: EOA, PMB 401809, 2301 Vanderbilt Place, Nashville, TN, 37240-1809 or faxed to: (615) 343-4709. For questions, please call (615) 343-9336.

Section I: To be completed by employee:

Employee name _____ Job Title _____

Department _____ Supervisor _____

Release of Information

I hereby authorize the release of the following information to Vanderbilt for the purpose of determining the availability of reasonable workplace accommodations. I further authorize Vanderbilt to seek clarification of this documentation, if necessary, by contacting my physician or care provider.

Employee signature _____ Date _____

Section II: To be completed by the physician or care provider:

To Physician or Care Provider:

To initiate a request for reasonable accommodations, employees must provide current documentation of a disability. As the employee's physician or care provider, you are asked to fully complete all sections of this form. Additional information can be attached if necessary. Note: Federal and state law define a disability as a physical or mental impairment that substantially limits one or more major life activities, an individual having a record of such an impairment, or an individual being regarded as having such an impairment.

To complete this form (see attached, page 2, section 2), you should review the employee's job functions and other information relevant to the employee's job at Vanderbilt. If those materials have not been provided, please contact the employee and let him or her know you cannot complete this form without those materials.

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 an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Thank you for your assistance.

1. Please identify the employee's physical or mental impairment:

2. Please describe the effects or limitations (e.g., long-term, permanent, recent, short-term).

3. Please describe the effects or limitations this impairment has on the employee's activities, if any:

4. By reviewing the attached information concerning the employee's job duties, please describe the effect or limitations the impairment has on the employee's ability to perform the job duties, if any:

5. Are there any activities or situations that should be avoided or that would present a health or safety risk to the employee or others due to the impairment?

6. Please offer any suggested accommodations that might enable the employee to perform his or her job duties:

Duration?

Duration?

Duration?

Thank you for your assistance in providing this information so that we may assess the employee's request. Please sign below.

Signature of physician or care provider

Date

Provider name (printed)

Telephone #