Supplemental Medical Questionnaire

Instructions: Employee/applicant shall contact the treating Medical Doctor (M.D.) to complete this form. Employee/applicant should return the completed form to Renee Senander, ADA Coordinator via fax to 707-664-4049. Individuals in need of a telecommunication relay service may contact the California Relay Service at (877) 735-2929 TTY.

Treating Medical Doctor (M.D.): Please refer to the attached Guidelines for Evaluating Impairment and Job Descriptions when completing the form. Note: DC, DPT, NP, PA, CNM, MPH, RN, MFT and/or other Non-MD healthcare licensures will not be accepted. Certification must be provided by a licensed Medical Doctor.

Treating Medical Doctor
(M.D.)
(please print)

Employee or Applicant:
(please print)

1) Does the individual have a physical or mental impairment that “limits” one or more major life activity?
   ______ Yes   ______ No
   If no, you may stop; no further information is required.

   If yes, please identify the job functions that the employee is unable to perform:

<table>
<thead>
<tr>
<th>Breathing</th>
<th>Hearing</th>
<th>Reaching</th>
<th>Sleeping</th>
<th>Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for Oneself</td>
<td>Interacting with Others</td>
<td>Reading</td>
<td>Speaking</td>
<td>Walking</td>
</tr>
<tr>
<td>Communicating</td>
<td>Lifting</td>
<td>Seeing</td>
<td>Socializing</td>
<td>Working</td>
</tr>
<tr>
<td>Concentrating</td>
<td>Performing Manual Tasks</td>
<td>Sitting</td>
<td>Standing</td>
<td>Other (describe)</td>
</tr>
</tbody>
</table>

2) Approximate date impairment commenced:
   ________________________________

   Probable duration of condition:
   ________________________________
3) Is the individual able to perform the essential functions of the job as described in the job description? If employee fails to provide a job description, answer the questions based upon the employee's description.
   ____ Yes  ____ No
   
   If no, what essential functions cannot be performed?

4) Can the individual perform the essential functions of the job with “accommodation”?
   ____ Yes  ____ No

5) Additional Restrictions/Accommodation Suggestions (please include any additional information that you believe would be helpful to the interactive process for this employee). Do not list any information pertaining to diagnosis, condition or treatment.

   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________  

Signature of Medical Doctor (M.D.): _______________________________________________________

Type of Practice: _________________________________________________________________________

Telephone Number: _____________________________ _____________________________

Provider Address: __________________________________________________________________________

Date: _________________________________________________________________________________
An Impairment is:
- Any physiological disease, disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, immunological, digestive, genitourinary, hemic and lymphatic, skin and endocrine.
- Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, or specific learning disabilities; or any such disorder that requires special education or related services.
- Not a physical characteristic such as eye or hair color, left handedness, or height/weight within normal range.
- Not a personality or character trait such as irritability, chronic tardiness or poor judgment.
- Not an environmental, cultural or economic disadvantage such as a lack of education or a prison record.

An Impairment rises to the level of a disability if it:
- Limits a major life activity, as compared to the ability of the average person in the general population to perform that activity. Major life activities may include a particular job, a class of jobs or any of the following:
  - Breathing
  - Hearing
  - Reaching
  - Sleeping
  - Thinking
  - Caring for Oneself
  - Interacting with Others
  - Reading
  - Speaking
  - Walking
  - Communicating
  - Lifting
  - Seeing
  - Socializing
  - Working
  - Concentrating
  - Performing Manual Tasks
  - Sitting
  - Standing
  - Other (describe)
- Is not a temporary impairment such as a broken limb with no foreseeable long-term restrictions.
- Is a temporary impairment that develops into a long-term impairment (for example: a broken leg that heals improperly and results in a limp, an operation that results in chronic bowel dysfunction, etc.)
- Consists of two or more impairments not disabling by themselves which have a combined effect of limiting a major life activity (for example: mild arthritis and mild osteoporosis combine to result in inability to move hands).

Under California’s Fair Employment and Housing Act (FEHA), whether an impairment limits a major life activity is determined without reference to mitigating measures, such as a use of medication. Employees with job-related (workers’ compensation) injury or illness should be evaluated by the use of this ADA/FEHA Job Duty Evaluation Checklist as well.