# REASONABLE ACCOMMODATION
# MEDICAL INQUIRY FORM

**A. Questions to help determine whether an applicant has a disability.**

For reasonable accommodation under the ADA, an applicant has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an applicant has a disability:

| | | |
|---|---|---|
| Does the applicant have a physical or mental impairment? | Yes ☐ | No ☐ |

If *yes*, what is the impairment?

Answer the following question based on what limitations the applicant has when his or her condition is in an active state and what limitations the applicant would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

| | | |
|---|---|---|
| Does the impairment substantially limit a major life activity as compared to most people in the general population?<br><br>*Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.* | Yes ☐ | No ☐ |

If *yes*, what major life activity(s) (includes major bodily functions) is/are affected?

| | | | | |
|---|---|---|---|---|
| ☐ Bending | ☐ Hearing | ☐ Reaching | ☐ Speaking | ☐ Other: (describe) |
| ☐ Breathing | ☐ Interacting With Others | ☐ Reading | ☐ Standing | |
| ☐ Caring For Self | ☐ Learning | ☐ Seeing | ☐ Thinking | |
| ☐ Concentrating | ☐ Lifting | ☐ Sitting | ☐ Walking | |
| ☐ Eating | ☐ Performing Manual Tasks | ☐ Sleeping | ☐ Working | |

Major bodily functions:

| | | | |
|---|---|---|---|
| ☐ Bladder | ☐ Digestive | ☐ Lymphatic | ☐ Reproductive |
| ☐ Bowel | ☐ Endocrine | ☐ Musculoskeletal | ☐ Respiratory |
| ☐ Brain | ☐ Genitourinary | ☐ Neurological | ☐ Special Sense Organs & Skin |
| ☐ Cardiovascular | ☐ Hemic | ☐ Normal Cell Growth | |
| ☐ Circulatory | ☐ Immune | ☐ Operation of an Organ | ☐ Other: (describe) |

**B. Questions to help determine whether an accommodation is needed.**

An applicant 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:

What limitation(s) is interfering with the applicant's ability to become a certified pesticide applicator?

How does the applicant's limitation(s) interfere with his/her ability to become a certified pesticide applicator?

**C. Questions to help determine effective accommodation options.**

If an applicant has a disability and needs an accommodation because of the disability, the Michigan Department of Agriculture & Rural Development must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve the applicant's ability to become a certified pesticide applicator? YES NO

If so, what are they?

How would your suggestions improve the applicant's ability to become a certified pesticide applicator?

**D. Additional Information.**

Medical Professional's Signature Date

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.

Personal and medical information provided on this form is for internal use only and is protected under the Freedom of Information Act.