



Oregon Military Department ADA Physician's Response Form

Employee First Name:	Employee Last Name:
Position Title:	Work Unit/Section:

We are working with one of your patients, who has informed us that they are having difficulties performing some or all of the essential functions of their job. We are seeking **limited** medical information in response to their request for an accommodation. The information you provide will help in identifying potential reasonable accommodations for this employee. Refer to employee's position description (section 3) and essential job functions if provided. Please check one (1) of the following:

_____ **Employee** is able to perform all the essential job functions of the **position title** without accommodation.

_____ **Employee** is able to perform all the essential job functions of the **position title** with accommodation. (If checked, please detail your suggested accommodation, i.e. , keyboard, use of handcart, etc. List options if possible. Do not list "restrictions" here.)

_____ **Employee** is unable to perform all the essential job functions of the **position title**.

1. Does the employee have a physical or mental disability or impairment? ☐ Yes ☐ No If yes, please explain.

2. Does the physical or mental disability or impairment substantially impact a major life activity? ☐ Yes ☐ No

3. How does the employee's medical condition impact their ability to perform their job with or without an accommodation? Please describe the specific impact on any major life activities of the individual that are limited as a result of the impairment(s), including a description of the extent of those limitations and how long each limitation is expected to last.

4. For how long has our employee experienced this condition? When was the last time you met with this employee regarding this condition? Do you have any accommodation recommendations?

5. What is the probable duration of the impairment? When do you anticipate that this employee will be able to resume the performance of their work without an accommodation, if at all?

Thank you for completing this form. Please return this form to our employee, or with their permission, please fax to the Human Resource Office at 1 (971) 239-4747 or Oregon Military Department, Adjutant General Personnel Office, Attn Luke Jaeger, 1776 Militia Way SE, PO Box 14350, Salem, Oregon 97309-5047, email: luke.jaeger@omd.oregon.gov.

Printed Name of Physician	Date
Signature of Physician	Work Telephone Number
Work Address	