

## Medical inquiry for accommodation request

### To be completed by employee:

Employee name:

Position title:

Based on currently available information and clinical expertise, the Center for Disease Control and Prevention has stated that **people of any age who have underlying medical conditions** might be at an increased risk for severe illness from COVID-19.

I am at an increased risk for severe illness related to COVID-19 due to the following underlying medical condition:

Complete the section below and submit the documentation to support the need for accommodation.

- I have medical documentation on file from a previous accommodation request.
- I have attached other medical documentation to this form — i.e., documentation from past healthcare visit, note or email from healthcare provider.

If you do not already have medical documentation that supports the need for an accommodation, please have your healthcare provider complete and return the bottom section of this Medical Inquiry Form.

- My healthcare provider will complete and return this Medical Inquiry Form.

### To be completed by health care provider:

1. The above named employee has an underlying medical condition that places them at increased risk for severe illness from COVID-19:

Yes       No

2. What possible accommodation (if any) would allow the employee to complete the essential functions of their position?

3. What is the anticipated duration of the employee's medical condition that places them at increased risk?

Medical professional signature

Date

Medical professional printed name

Practice specialty

Please return by email to [equityandinclusion@asu.edu](mailto:equityandinclusion@asu.edu) or via confidential E-Fax at (480) 237-7998  
Contact our office for inquiries at: (480) 727-1770

The Genetic Information Discrimination 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.