



Anchorage School District  
Employee Relations Office  
Phone: 907-742-4007 Fax: 907-742-4356

# ADA/ADAA Request for Accommodation and Medical Inquiry Form



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## ADA/ADAA Request for Accommodation and Medical Inquiry Form

Please answer the following questions based on what limitations the employee has when his/her condition is in an active state and what limitations the employee would have if no mitigating measures are used.

2. Does the impairment substantially limit a major life activity? Yes ... No ...

2a. If yes, what major life activity(s) is/are affected?

- ..Caring For Self      ..Walking      ..Hearing      ..Lifting      ..Speaking
- ..Interacting With Others    ..Standing      ..Seeing      ..Sleeping      ..Performing Manual Tasks
- ..Reaching      ..Concentrating      ..Breathing      ..Thinking      ..Learning
- ..Reproduction      ..Working      ..Toileting      ..Sitting      ..Other: (describe)

3. Does the impairment substantially limit the operation of a major bodily function? Yes ... No ...

3a. If yes, what bodily function(s) is/are affected?

- ..Immune      ..Hemic      ..Circulatory      ..Normal Cell Growth      ..Special Sense Organs and Skin
- ..Normal Cell Growth      ..Endocrine      ..Digestive      ..Lymphatic      ..Reproductive
- ..Bowel      ..Neurological      ..Special Sense      ..Musculoskeletal      ..Bladder
- ..Brain      ..Genitourinary      ..Respiratory      ..Cardiovascular      ..Other: (describe)

4. What specific restrictions and/or limitations is the employee experiencing when performing essential job function(s)?

5. What accommodation recommendations, if any, would allow the employee to perform their essential job function(s)?

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 Medical Professional's signature

Printed Name

Date