UNIVERSITY of DENVER
HUMAN RESOURCES

Physician Questionnaire

Dear Physician:

___________________________________ (University of Denver Employee) has requested an accommodation in accordance with the Americans with Disabilities Act (ADA). In order to certify the disability, we need you to complete the following questionnaire in its entirety.

Under the ADA the definition of disability is: a physical or mental impairment that substantially limits one or more of an individual's major life activities.

1. What is the employee's specific impairment? ______________________________

____

2. In the table below, please indicate all major life activities affected and whether or not:

a. The employee is *unable to perform* a major life activity that the average person in the general population can perform; or

b. The employee is *substantially limited* as to the condition, manner, or duration under which an individual can perform a major life activity as compared to the condition, manner, or duration under which the average person in the general population can perform that same major life activity.

Major Life Activity	Substantially Limited	Unable To Perform
Walking		
Seeing		
Hearing		
Speaking		
Breathing		
Learning		
Working		
Sitting		
Standing		
Lifting		
Reaching		
Thinking		
Concentrating		
Caring for oneself		
Interacting with others		
Performing Manual Tasks		

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3. Suggested accommodation if needed or required to perform the essential job duties (see attached job description):

____

____

4. Other restrictions, considerations, or notes:

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Based on my evaluation of the patient's condition, the above information is accurate and complete.

Physician Name and Credentials (Print)	Date	Phone Number

____
Physician Signature

Email address: ______________________________

Please return completed forms to:

Rufina A. Hernández, Esq.
ADA Coordinator
University of Denver
Mary Reed Building
2199 S. University Blvd., Room 425
Denver, CO 80208
Email: ADA.Coordinator@du.edu
Phone: 303-871-3941
Fax: 303-871-3656