SECTION 2:	Medical Professional Information (To be completed by Physician, Psychologist, Diagnostician or other medical professional)
Employee Full Name: First, Last Name (Please print)	**Employee Address**

This is to advise that the employee identified has requested reasonable accommodation(s) to perform essential job functions at New Mexico State University. We would appreciate receiving sufficient information to determine if the employee is eligible to receive the requested accommodation(s) in accordance with state and federal laws.
[See attached job description or Essential Job Functions Questionnaire]

1. Diagnosis of condition or brief description of disability (For mental disability, reference diagnosis to DSM-IV)

2. When was the employee initially seen?		**Currently under your care?**	☐Yes ☐No
3. Prognosis: The condition is	☐TEMPORARY ☐PERMANENT	**If temporary, define term**	

If medication is required, is condition currently:

☐Under control with medication	☐Not under control with medication

If condition is not under control with medication, what are the symptoms?

4. If the employee is taking medication, are there any side effects from the medication which might affect work performance?	☐Yes ☐No
If yes, please describe:	

5. What major life activities are impacted?

☐Bending	☐Breathing	☐Caring for self	☐Communicating	☐Concentrating	
☐Eating	☐Hearing	☐Interacting with others	☐Learning	☐Lifting	☐Reaching
☐Performing manual tasks		☐Reading	☐Seeing	☐Sitting	☐Sleeping
☐Speaking	☐Standing	☐Thinking	☐Toileting	☐Walking	☐Working

Include Major Bodily Functions:

☐Bladder	☐Bowel	☐Brain	☐Circulatory	☐Digestive	☐Endocrine
☐Functions of the immune system			☐Neurological	☐Normal cell growth	
☐Reproductive	☐Respiratory	☐Other			

6. Can the employee perform the essential functions of the job without threat to health/safety to:

a) Self	☐Yes ☐ No	**If no, please explain**
b) Others	☐Yes ☐ No	**If no, please explain**

7. Is the employee currently able to perform the essential job functions identified in the attached job description or Essential Job Function Questionnaire (or list of duties)?			
With accommodation(s)	**☐Yes ☐No**	**If no, identify which function(s) and why:**	
Without accommodation(s)	**☐Yes ☐No**	**If no, identify which functions(s) and why:**	
8. Does the condition or treatment prevent the employee from meeting the full attendance requirements of the job?			**☐Yes ☐ No**
If yes, please describe frequency and duration:			
9. What are typical accommodations for this type of condition? (i.e., rest breaks, lifting, driving, modifying equipment, lighting, etc.)			
10. Is restructuring of work hours needed?	**☐ Yes ☐No**	**Explain:**	

11. For what period of time are reasonable accommodations needed?							
Weeks:		**Months:**		**Years:**		**Permanent:**	
12. Special instructions for handling emergencies							

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 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.

I certify that the information provided above is true and correct to the best of my knowledge.			
Medical Professional Signature:		**Date:**	
Print Name		**Degree, specialty, license number**	

Address	**City**	**State**	**Zip**

Office Telephone :		**Fax Telephone:**	

INSTRUCTIONS FOR MEDICAL PROFESSIONAL:

Please mail to: New Mexico State University, Office of Institutional Equity, MSC 3515, P.O. Box 30001, Las Cruces, NM 88003-8001, or Fax to: (575) 646-2182