



Willmar Public Schools (ISD 347)

611 5th St. SW
Willmar, MN 56201

Mrs. Elizabeth Windingstad

Director of Human Resources
(P) 320-231-8500 (F) 320-231-8504

Willmar Public Schools is currently engaging with your patient to discuss reasonable accommodations that can be implemented to support them to fully and/or safely perform the essential functions of their position. As part of this process, we would appreciate your assistance to help us ensure that we have a full and correct understanding of any and all work restrictions / functional limitations or leave needs that may be in need of accommodation to support your patient at work. **Do not provide any protected health information on this form.**

SUPPLEMENTAL MEDICAL QUESTIONNAIRE

Name of Employee: _____

Position: _____

I have reviewed the Job Description/essential function for the above named employee and can provide the following clarification: **(Check boxes and insert text as appropriate):**

1. Does the Employee have a physical or mental impairment that limits their ability to engage in a major life activity such as the ability to work; perform manual tasks; walk, see, hear, eat, sleep; care for themselves; or engage in social activities?

☐ NO (please skip to question 2)

☐ YES, PHYSICAL **and/or** ☐ Yes, MENTAL impairment (please answer a through d)

a. Does the impairment currently affect the Employees ability to perform the essential functions for their position?

☐ NO

☐ YES

b. What work restrictions or functional limitations does their disability produce that are in need of accommodation?

List all necessary physical activity restrictions that apply, please be specific.

☐ NO repetitive lifting/carrying of ____lbs. or more

☐ NO lifting/carrying of ____lbs. or more

☐ NO repetitive pushing/pulling of ____lbs. or more

☐ NO pushing/pulling of ____ lbs. or more

☐ NO at (or above) shoulder level reaching > ____ sec./min.

☐ NO repetitive keyboarding in excess of ____min./hour

☐ NO running / jumping / climbing (circle your answer)

☐ NO prolonged walking in excess of ____minutes

☐ Other (please be specific) _____

☐ NO repetitive bending/stooping > ____ times/row

☐ NO repetitive squatting/kneeling > ____ times/row

☐ NO prolonged standing in excess of ____ min.

☐ NO prolonged sitting in excess of ____ min.

☐ Must alternate sitting/standing every ____ min.

ADDITIONAL CLARIFICATION/ RESTRICTIONS _____

c. The above restrictions are: (select one)

☐ **TEMPORARY** through _____ (date)

☐ **PERMANENT**



Willmar Public Schools (ISD 347)

611 5th St. SW
Willmar, MN 56201

Mrs. Elizabeth Windingstad

Director of Human Resources
(P) 320-231-8500 (F) 320-231-8504

- d. Does the Employee's continued assignment to their current position pose a significant risk of substantial harm to the health and safety of the employee or others?

☐ NO

☐ YES, complete the additional questions below:

- i. If yes, identify the duration, nature, severity, likelihood, and imminence of each specific risk.

1. Identify any specific work restrictions(s) that, if accommodated, would reduce or eliminate the risk(s) described above.

2. Please use the space below to include any additional information you believe would be helpful to the interactive process for this employee.

Health Care Provider's Signature

Date

PLEASE RETURN A COPY OF THIS FORM TO THE EMPLOYEE OR VIA FAX TO: 320-231-8504

Willmar Public Schools appreciates your assistance in obtaining the information needed to explore reasonable accommodations for your patient in compliance with the requirements of Title I of the Americans with Disabilities Act (ADA), consistent with the organizational goals to assist disabled employees to remain at work with reasonable accommodations whenever possible.