

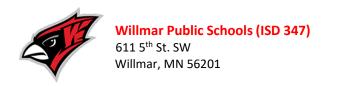
Mrs. Elizabeth Windingstad

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

Na	me of Emplo	oyee:				
Ро	sition:					
		d the Job Description/essential function for the above natheck boxes and insert text as appropriate):	amed employee and can provide the following			
1.		nployee have a physical or mental impairment that limits the ty to work; perform manual tasks; walk, see, hear, eat, s				
	☐ NO (p	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 abiliposition?	lity to perform the essential functions for their			
		YES				
	b.	their disability produce that are in need of				
		List all necessary physical activity restrictions that apply, please be specific.				
		 NO repetitive lifting/carrying oflbs. or more NO lifting/carrying oflbs. or more NO repetitive pushing/pulling oflbs. or more NO pushing/pulling oflbs. or more NO at (or above) shoulder level reaching > sec./min. NO repetitive keyboarding in excess ofmin./hour NO running / jumping / climbing (circle your answer) NO prolonged walking in excess ofminutes 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			



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	d.		e Employee's continued assignment to their current position pose a significant risk of substantial 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 we eliminate the risk(s) des		(s) that, if accommodat	ed, would reduce or
2.	Please use for this em		below to	include any additional in	formation you be	lieve would be helpful to t	he interactive process
	Health Car	re Provide	er's Signa	ture	-	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.