



4. Explain how your impairment(s) affect the activities you checked above: \_\_\_\_\_

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5. Is/are your impairment(s) temporary or permanent?      temporary    permanent

If temporary, how long do you anticipate the impairment(s) will last? \_\_\_\_\_

6. What, if any, medical treatment do you receive for your impairment? \_\_\_\_\_

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7. a. Does your treatment necessitate taking time off of work?      yes    no

b. If yes, how much time? \_\_\_\_\_ How often do you need to take off? \_\_\_\_\_

c. Are you currently on a reduced schedule or leave?      yes    no

d. If yes, what is your current work schedule and what type of leave are you using? \_\_\_\_\_

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8. List the specific job duties affected by your impairment(s): \_\_\_\_\_

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9. How frequently do you perform these duties? \_\_\_\_\_

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10. Explain how your impairment(s) affect these duties: \_\_\_\_\_

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11. What modifications to your job duties or work environment, including the use of a device or technology, do you believe would allow you to perform the above listed duties? Explain in detail such modifications, device or technology and how this modification would allow you to perform these duties.

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12. Do you already have any modifications to your job duties or work environment?  yes  no

If yes, what are the modifications? \_\_\_\_\_

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13. Have you communicated to a supervisor your impairment(s) and need for an accommodation before completing this questionnaire?  yes  no If yes,

a. Name the supervisor(s) with whom you have communicated? \_\_\_\_\_

b. When did you do so? \_\_\_\_\_

c. Did you communicate orally or in writing? \_\_\_\_\_

d. What was the response and was it oral or in writing? \_\_\_\_\_

14. If, because of your impairment(s) you do not believe that you can perform the duties of your current position, with or without an accommodation, is there any other job(s) in the City government that you believe you would be able to perform?  yes  no If so, what job(s)?

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15. Is your impairment(s) the result of a work related accident?  yes  no

a. If yes, have you filed a worker's compensation claim?  yes  no

b. If so, is it resolved or pending?  resolved  pending

b. Have you been, or are you, on light duty as a result of the accident?  yes  no

c. If so, list the time period you were on the light duty. \_\_\_\_\_

d. Describe the restrictions applied for your light duty. \_\_\_\_\_

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Completed by (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_