Medical Information Request Form
-Confidential-

Human Resources Complete

Employee Name:

Job Title:

The employee works a regular schedule of:

Other Comments:

Treating Healthcare Provider Complete

1. **What is the employee's physical or mental health condition?**

   _____

   _____

   _____

2. **Are you the treating healthcare provider of this health condition?** Yes No

3. **Identify the major life activities below that are limited due to the health condition(s), the treatment for the health condition, and/or the side effect(s) of medication for the health condition(s) that may influence these major activities. Then, explain any limitations below.**

Major Life Activities:

☐ Concentration	☐ Think	☐ Hear	☐ Learn	☐ Performing Manual Tasks	☐ Caring for Oneself
☐ Interact with others	☐ Sleep	☐ Eat	☐ Read	☐ Communication	☐ Other (Please list Below)
☐ Work	☐ Sight	☐ Break	☐ Speak	☐ Major Bodily Functions (Please List Below)	

Explain:

_____

_____

_____

_____

4. **What is the duration of the limitation(s) as indicated in #3 above? (Please estimate if unknown.)**

_____

_____

5. What is the impact on the individual's ability to perform the job based on the job description and/or functional job assessment attached?

_____

_____

_____

_____

6. Please complete the following:

Limitation in the number of hours worked:
Work no more than _____hours/day
Work no more than _____hours/week

During Work Hours:
Stand no more than _____hours
Walk no more than _____hours
Sit no more than _____hours

Frequently = 34%-66% of the time - Occasionally = 1%-33% of the time

- ☐ Lift up to _____ pounds
  Frequently or Occasionally (Circle one.)
- ☐ Push/pull/force up to _____ pounds
  Frequently or Occasionally (Circle one.)
- ☐ Bend, twist, stoop
  Frequently or Occasionally (Circle one.)
- ☐ Reaching
  Frequently or Occasionally (Circle one.)

Office Name of Treating Health Care Provider: _____

Treating Health Care Provider Printed Name: _____

Treating Health Care Practitioner Signature: _____

Date: _____ / _____ / _____

Return Completed Form

- **Elisabeth Olaniyi - Human Resources Generalist – Non-Licensed**
  O- 952-496-5008
  eolaniyi@shakopee.k12.mn.us

- **Shirley Madin - Human Resources Generalist – Licensed**
  O- 952-496-5009
  smadin@shakopee.k12.mn.us