



Medical Information Request Form

Please submit this form along with a [HIPAA release form](#)

SECTION 1: TO BE COMPLETED BY EMPLOYEE

Employer Name: Fordham University, 441 E. Fordham Road, Bronx, NY 10418

Contact: Office of Human Resources Management and Occupational Health Consultant

First Name: _____

Last Name: _____

Middle Initial: _____

Email: _____

Phone number : _____

Regular Work Schedule: _____

Employee's essential job functions: _____

Check if job description is attached:

SECTION 2: TO BE COMPLETED BY HEALTH CARE PROVIDER

Provider's Name and Business Address:

Type of Practice / Medical Specialty

Telephone: (_____) _____ Fax: (_____) _____

Email address: _____

MEDICAL FACTS RELATED TO ACCOMMODATION REQUEST

Describe the nature and severity of the disability/medical condition:

Identify the job functions the individual is unable to perform:

Identify the accommodation that you are recommending for this individual:

Identify other possible accommodations that you believe would be acceptable:

Is the request for accommodation temporary, permanent, or unknown:

Signature of Health Care Provider

Date

Medical License Number

Email Forms to occ-health-medicine@fordham.edu

NOTE: Please visit [Fordham's Email Encryption website](#) and follow the process to safeguard and ensure the privacy of your medical information.

GINA Statement to Health Care Provider: 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, the **Fordham University Office of Human Resources Management and/or the University's Occupational Health Consultant** at my employer 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's 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.