



FORM ADA-3:
Medical Questionnaire Concerning Disability and
Reasonable Accommodation Request

Name of Patient/Employee:

INSTRUCTIONS TO HEALTH CARE PROVIDER:

Included with this form is also a HIPAA-compliant release for medical information concerning the above-named patient/employee. The above-named patient/employee has made a request to the U.S. Trade and Development Agency (USTDA) for reasonable accommodation due to a disability. In order to properly review and analyze the request, please complete the questions listed below. If you feel that you need more space to answer questions (by attaching more complete answers on additional pages) or would like to attach medical documentation to support your statements below, please feel free to do so. Note that USTDA may only request medical documentation supporting a request for reasonable accommodation when the disability and/or need for accommodation is not obvious.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II, including USTDA, 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, please do not provide any genetic information when disclosing medical information to USTDA. "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.

Please answer the questions below regarding the above-named patient/employee:

1. Does the patient/employee have a relevant medical impairment? If so, what is the nature of the impairment and what is your diagnosis?

