

BROWARD COUNTY GOVERNMENT

OFFICE OF EQUAL OPPORTUNITY



ADA ACCOMMODATION INTAKE QUESTIONNAIRE

Please complete the following questions, telling us briefly why you have requested a meeting to discuss your possible need for job accommodations.

DATE: _____

NAME: _____
(FIRST) (MIDDLE NAME OR INITIAL) (LAST NAME)

ADDRESS: _____ APT NO. _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER: WORK _____ HOME _____

DEPT. / DIVISION: _____

JOB TITLE: _____ SUPERVISOR: _____

SUPERVISOR'S TITLE & PHONE NUMBER: _____

1. What is your impairment? _____

2. Are you currently under a doctor's care for this condition? _____

If so, what is the doctor's name and address? _____

3. Check those activities substantially affected by your condition:

walking standing sitting speaking breathing

seeing hearing learning manual tasks

working lifting caring for oneself other

4. Explain how your condition affects the activities you checked above:

5. What, if any, medical treatment do you receive for your condition?

6. a. Does your treatment necessitate taking time off from work? Yes No

b. If yes, how much time? _____

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?

7. List the specific job duties affected by your condition: _____

8. Explain how your condition affects these duties:

9. What modifications to your job duties or work environment would allow you to perform the above listed duties? Is there any type of device or technology that you believe would enable you to perform those duties affected by your condition? Explain in detail:

10. **Have any modifications to your job; job duties or work environment already been provided? Yes No If yes, what are they?**

11. **Have you discussed these with your supervisor before now? Yes No**

If yes, what was the response?

12. **Is your condition a result of a work related incident/accident? Yes No**

If yes, is there a worker's compensation claim? Are you on light duty as a result of the incident?

Completed by :

Signature:
