



Anchorage School District  
Employee Relations Office  
Phone: 907742-4007 Fax: 907742-4356

# ADA/ADAA Request for Accommodation and Medical Inquiry Form



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## ADA/ADAA Request for Accommodation and Medical Inquiry Form

Please answer the following questions based on what limitations the employee has when his/her condition is in an active state and what limitations the employee would have if no mitigating measures were used.

2. Does the impairment substantially limit a major life activity? Yes ... No ...

2a. If yes, what major life activity(s) is/are affected?

- |                           |                 |             |            |                           |
|---------------------------|-----------------|-------------|------------|---------------------------|
| ..Caring For Self         | ..Walking       | ..Hearing   | ..Lifting  | ..Speaking                |
| ..Interacting With Others | ..Standing      | ..Seeing    | ..Sleeping | ..Performing Manual Tasks |
| ..Reaching                | ..Concentrating | ..Breathing | ..Thinking | ..Learning                |
| ..Reproduction            |                 |             |            |                           |