



Medical Inquiry Form – Pregnancy, Childbirth & Other Related Medical Condition(s), including Lactation

The College of Charleston is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of sex (including pregnancy, childbirth, or other related medical condition(s)), in addition to other protected classes. The College also provides reasonable accommodations related to pregnancy, childbirth, or other related medical condition(s), including Lactation.

Notice to Health Care Provider: Your patient is an employee at the College of Charleston and has requested an accommodation related to her pregnancy, childbirth, or other related medical condition(s). The purpose of this form is to assist the College in determining reasonable accommodations that may be necessary.

Employee Name: _____

Healthcare Provider Name: _____ **Phone #:** _____

1. **Anticipated Due Date** _____

2. **Please describe the employee’s health condition related to her pregnancy, childbirth, or other related medical condition(s):**

3. **Please describe how the employee’s ability to perform her job is being impacted due to her pregnancy, childbirth, or other related medical condition(s):**

4. **What accommodation(s), if any, would you recommend for this employee?**

5. **How does the suggested accommodation allow the employee to perform the essential functions of the job or gain access to employment benefits?**

6. **Date the accommodation(s) will become *medically necessary* & likely duration of accommodation(s)?**



COLLEGE *of*
CHARLESTON

OFFICE OF EQUAL
OPPORTUNITY PROGRAMS

Date: _____

Healthcare Provider Signature

Healthcare Provider Printed Name

Healthcare Provider Specialty

Please return completed form to:

EOP Office – College of Charleston

Fax #: 843.953.1843

Email: eop@cofc.edu

Mail: 66 George St – Charleston, SC 29424

Questions? Call 843.953.5754