Brian P. Kemp
Governor

Chris Wells
Executive Director

Georgia Vocational Rehabilitation Agency

Medical Inquiry

I am applying for Vocational Rehabilitation Services within the Georgia Vocational Rehabilitation Agency for potential services to receive the necessary training and job search/placement assistance to be able to return/maintain work. This Medical Inquiry form should be completed by your doctor/or medical practitioner. Completion of this form will allow for the Georgia Vocational Rehabilitation Agency to have the necessary information to help expediate an eligibility determination for me to receive VR services.

To be completed by individual applying for VR services

A. Identifying Information

Patient's Name:_____

Birth Date: _____

Address:_____

Phone #:_____

To be completed by medical professional

B. Diagnosis

Does this individual have a physical or mental impairment? ☐ **Yes** ☐ **No**

If yes, please complete the following regarding the impairment(s) and the nature of the impairment(s)?

Diagnosis #1:

_____

Is this diagnosis ☐ **Temporary** or ☐ **Permanent**?

Does the impairment substantially limit a major life activity as compared to most people in the general population? ☐ **Yes** ☐ **No?**

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

☐ Bending ☐ Breathing ☐ Caring for Self ☐ Concentrating ☐ Eating ☐ Hearing ☐ Interacting with Others ☐ Learning ☐ Lifting ☐ Performing Manual Tasks	☐ Reaching ☐ Reading ☐ Seeing ☐ Sitting ☐ Sleeping ☐ Speaking ☐ Standing ☐ Thinking ☐ Walking ☐ Working	☐ Other (describe below)

Is the condition ☐ **Stable** or ☐ **Unstable?**
Vocational Prognosis: ☐ **Guarded** ☐ **Good** ☐ **Fair** ☐ **Poor**

Diagnosis #2:

_____

Is this diagnosis ☐ **Temporary** or ☐ **Permanent**?

Does the impairment substantially limit a major life activity as compared to most people in the general population? ☐ **Yes** ☐ **No?**

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

☐ Bending ☐ Breathing ☐ Caring for Self ☐ Concentrating ☐ Eating ☐ Hearing ☐ Interacting with Others ☐ Learning ☐ Lifting ☐ Performing Manual Tasks	☐ Reaching ☐ Reading ☐ Seeing ☐ Sitting ☐ Sleeping ☐ Speaking ☐ Standing ☐ Thinking ☐ Walking ☐ Working	☐ Other (describe below)

Is the condition ☐ **Stable** or ☐ **Unstable?**
Vocational Prognosis: ☐ **Guarded** ☐ **Good** ☐ **Fair** ☐ **Poor**

Diagnosis #3:

_____

Is this diagnosis ☐ **Temporary** or ☐ **Permanent**?

Does the impairment substantially limit a major life activity as compared to most people in the general population? ☐ **Yes** ☐ **No?**

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

☐ Bending ☐ Breathing ☐ Caring for Self ☐ Concentrating ☐ Eating ☐ Hearing ☐ Interacting with Others ☐ Learning ☐ Lifting ☐ Performing Manual Tasks	☐ Reaching ☐ Reading ☐ Seeing ☐ Sitting ☐ Sleeping ☐ Speaking ☐ Standing ☐ Thinking ☐ Walking ☐ Working	☐ Other (describe below)

Is the condition ☐ **Stable** or ☐ **Unstable?**
Vocational Prognosis: ☐ **Guarded** ☐ **Good** ☐ **Fair** ☐ **Poor**

C. Additional questions related to diagnosis.

1. What are the functional limitations that cause a substantial impediment to employment?

☐ Communication – ABILITY TO RECEIVE/PROCESS COMMUNICATION – *Note: Not cultural or language barriers*

☐ Endurance/Work Tolerance – PHYSICAL OR EMOTIONAL ABILITY TO PERFORM SUSTAINED WORK

☐ Interpersonal Skills – ABILITY TO INTERACT WITH OTHERS IN A SOCIALLY ACCEPTED MANNER

☐ Mobility – MENTAL/ PHYSICAL/SENSORY ABILITY TO ACCESS ONE'S ENVIRONMENT

☐ Self-Care – ABILITY TO PERFORM ACTIVITIES OF DAILY LIVING

☐ Self-Direction – ABILITY TO ORGANIZE, STRUCTURE OR MANAGE ACTIVITIES

☐ Work Skills – ABILITY TO PREPARE FOR, ENTER, ENGAGE IN OR RETAIN GAINFUL EMPLOYMENT

2. How do the above functional limitations interfere with the individual's ability to go to work?

D. Additional Comments

Physician's Name: _____

Physician's Signature: _____

Date: _____