

## FMLA/ Disability Paperwork Questionnaire

Name : \_\_\_\_\_ Date: \_\_\_\_\_

Type of Surgery / Injury: \_\_\_\_\_

Date of Surgery (if applicable): \_\_\_\_\_

- What type of work do you do?

\_\_\_\_\_

- Are there any physically demanding aspects of your job? If so, explain.

\_\_\_\_\_

\_\_\_\_\_

- Can your job be modified to accommodate for post-operative restrictions if there are any?

\_\_\_\_\_

- How long do you plan to stay out of work after surgery?

\_\_\_\_\_

- Once your paperwork is complete:

\_\_\_\_\_ I will pick it up from the 1611 W. Harrison Office

\_\_\_\_\_ Please fax to \_\_\_\_\_ (or number on form)

\_\_\_\_\_ Please mail to \_\_\_\_\_,

\_\_\_\_\_

**Please complete this form and return with any paperwork that needs to be completed.**