

# COLORADO DEPARTMENT OF TRANSPORTATION MEDICAL ASSESSMENT REQUEST

**Instructions:**

1. This form is designed for the Appointing Authority or designee, the Regional EEO Representative or the Headquarters ADA Coordinator to request Medical Assessment of an employee or position.
2. Submit this form along with the employee's PDQ and any other pertinent information to the CDOT Risk Management Unit.
3. Before requesting this assessment, review the guidelines and procedures (see below) and/or contact the appropriate office to ensure all necessary steps are taken.

**Important:**

- Neither this form nor the services provided through the CDOT Risk Management Unit can guarantee compliance with regulations applicable to the employee's rights.
- All medical information is **strictly confidential** and must be maintained separate from personnel files.
- All information pertinent to this assessment is **strictly confidential** and must be maintained separate from personnel files.

**CDOT office contacts, applicable procedures and guidelines:**

**Risk Management Unit/Center for Admin Services**

4201 East Arkansas Avenue, Rm 274, Denver, CO 80222  
 Office (303) 757-9491 FAX (303) 757-9409  
 Procedural Directive 80.3 - *Workers Compensation*  
 Procedural Directive 89.1 - *Modified Duty*

**Center for Human Resource Management**

4201 East Arkansas Avenue, Rm 124, Denver, CO 80222  
 Office (303) 757-9216 FAX (303) 757-9081  
*Guidelines for Implementing Family Medical Leave*

**Center for Equal Opportunity**

1325 South Colorado Blvd. Bldg. B, Denver, CO 80222  
 Office (303) 757-9303 FAX (303) 757-9058  
 Procedural Directive 600.2 - *Disabled Employee Placement*

**Regional EEO Civil Rights Specialists**

Region to identify the specific individual(s) responsible for implementing provisions of the ADA and providing assistance to the Region's management and personnel.

**Medical Assessment Requested:**

- |                                            |                                                   |                                                     |                                           |
|--------------------------------------------|---------------------------------------------------|-----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Job Site Analysis | <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Medical Review and Testing | <input type="checkbox"/> Fitness for Duty |
| <input type="checkbox"/> Cognitive Testing | <input type="checkbox"/> Functional Capacity      | <input type="checkbox"/> Other: _____               |                                           |

Comments:

**Employee information:**

Employee's name	Position #	Job class
Supervisor's name	Supervisor's phone #	

**Current status of request:**

Appointing Authority notified? <input type="checkbox"/> yes <input type="checkbox"/> no	EEO Representative notified? <input type="checkbox"/> yes <input type="checkbox"/> no	Supervisor notified? <input type="checkbox"/> yes <input type="checkbox"/> no
ADA Coordinator notified? <input type="checkbox"/> yes <input type="checkbox"/> no		
Family Medical Leave designated? <input type="checkbox"/> yes <input type="checkbox"/> no	FML hours used	Date FML expires

**Requestor:**

Name	Title	Region or Office	Phone #				
COFRS Coding (Requesting office may be required to pay for assessment)							
Fund	Org	Approp	Program	Function	Object	Sub	N/P
Requestor signature					Request date		