TAXATION & REVENUE
NEW MEXICO

FMLA ADULT CHILD DISABILITY MEDICAL INQUIRY FORM

[Fillable version (fill out on computer)]

To approve your request for FMLA leave to care for your adult child, the State of New Mexico Taxation & Revenue Department is requesting medical information and documentation to determine if your adult child has a disability as defined by the Americans with Disabilities Act (ADA) and amendments.

Please have your adult child's medical care provider complete this form. Return the completed form to your HR Analyst with the Certification of Family Member's Serious Health Condition Form.

Employee's Name: _____ _____
First Name Last Name

Employee's SHARE Number _____

Name of Adult Child (Patient): _____ _____
First Name Last Name

1. Can you confirm that the adult child's serious health condition causes him or her to be incapable of self-care in at least three (3) daily living activities listed in question 2? Yes ☐ No ☐

2. Please check all activities of which the adult child is incapable.

- ☐ Grooming and hygiene
- ☐ Bathing and dressing
- ☐ Feeding and eating
- ☐ Cooking and preparing meals
- ☐ Cleaning dishes
- ☐ Other (please specify) _____
- ☐ Washing clothes
- ☐ Shopping for normal basic living necessities
- ☐ Taking public transportation
- ☐ Paying bills, using a bank or the post office
- ☐ Helping to maintain a residence

3. Does the adult child have a disability as defined by the ADA? (Such a disability would be a physical or mental impairment that substantially limits one (1) or more of the major life activities of an individual.) Yes ☐ No ☐

_____ _____
Health Care Provider's Signature **Date**

_____
Health Care Provider's Name Printed

_____ _____
Treating Health Care Provider's Address **Phone Number**

_____ _____ _____
City **State** **Zip Code**

_____ _____
Employee's Signature **Date**

This form must be signed and dated by hand—NOT digitally.