

Employee to Complete

Employee's Name: _____ **Date of Birth:** _____

Home Address: _____

Home Phone Number: _____ **Office Phone Number:** _____

Email: _____ **Supervisor:** _____

Job Title: _____ **Department:** _____

COVID-19 Information

According to the Centers for Disease Control and Prevention (CDC), individuals with certain conditions or factors may have a higher risk for severe COVID-19 infection. Additionally, certain populations of people may be at higher risk, such as the African American community. Specific medical conditions that require job-related modifications due to the COVID-19 pandemic are being addressed as ADA Accommodations. Medical conditions/disabilities that have been identified by the CDC include:

- Asthma (moderate to severe)
- Chronic lung disease
- Diabetes
- Serious heart conditions
- Chronic kidney disease being treated with dialysis
- Severe obesity
- Being immunocompromised
- Having HIV/AIDS

Medical conditions and disabilities require medical documentation from your health care provider. Please see attached document for Medical Professionals.

Certain factors do not meet the definition of a disability, per the ADA Amendments Act, such as pregnancy, age and the caregiving of vulnerable family members. In these instances, employees will be referred to WVU Medical Management. Reasonable modifications will be determined on a case by case basis, based upon these verifiable non- ADA factors, and provisions such as modified duty, temporary adjustments, FMLA or other WVU leave may be available. If applicable, please identify the factor(s) that has prompted your request:

- _____ Age
- _____ Pregnancy or Breast Feeding (***WVU Medical Management documentation required**)
- _____ Care-giving role/living with a high-risk family member (***WVU Medical Management documentation required**)
- _____ Non-medical care-giving role of a school-aged child (***WVU Medical Management will provide guidance**)

We strongly recommend that you create a draft modification plan of how you will complete your work-related duties with your COVID-19 Modification in place. Completing a draft plan document with this form will significantly reduce the time required to process this modification request.

Please detail a draft plan in the box provided.

By signing, I hereby authorize West Virginia University to obtain any medical documentation necessary to process this request. I understand that this form needs to be completed in full and additional medical information may be required. WVU may request additional information, if needed. I also authorize WVU Medical Management to share relevant medical documentation with the ADA office that may already be on file to expedite my accommodation request.

Employee Signature: _____ Date: _____

*According to the CDC, "The effects of COVID-19 on the health of racial and ethnic minority groups is still emerging; however, current data suggest a disproportionate burden of illness and death among racial and ethnic minority groups."

For Use by Medical Professionals Only

If an employee has a disability and needs an accommodation because of the medical condition or disability, specifically related to COVID-19, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions are intended to determine effective accommodations. For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment.

Please identify the disability or medical condition that would create a greater risk for severe infection or complication, specific to the COVID-19 pandemic:

- HIV/AIDS**
- Asthma (moderate to severe)**
- Chronic lung disease**
- Diabetes**
- Serious heart conditions**
- Chronic kidney disease being treated with dialysis**
- Severe obesity**
- Immunocompromising Condition**
- Other medical condition, factor, or disability not listed (please explain below).**

Please provide the specific diagnosis (ICD-10), and how this increases the risk for severe COVID-19 infection or prompts employer consideration?

What limitation(s), if any, is interfering with the employee's job performance, or in accessing a benefit of employment due, to the COVID-19 pandemic?

How does the employee's limitation(s), if any, interfere with the ability to perform the job functions or access a benefit of employment during the COVID-19 pandemic?

Do you have any suggestions regarding possible accommodations for this employee during the COVID-19 pandemic? If so, what are they?

I hereby certify that the above information is true and correct and that it is my responsibility to give objective medical information. West Virginia University will take the suggestions that medical providers make into consideration, but it is the employer's decision as to whether the accommodation can be met in a reasonable fashion.

Signature: _____ Date: _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

