

Employee to Complete

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

Home Address: _____

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

Email: _____ **Supervisor:** _____

Job Title: _____ **Department:** _____

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:

- _____ **Cancer**
- _____ **Sickle cell disease**
- _____ **Thalassemia (a type of blood disorder)**
- _____ **Neurologic conditions, such as dementia**
- _____ **Cerebrovascular disease (affects blood vessels and blood supply to the brain)**
- _____ **Hypertension or high blood pressure**
- _____ **Immunocompromised state (weakened immune system) from solid organ transplant, blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines**
- _____ **Liver disease**
- _____ **Kidney disease**
- _____ **Cystic fibrosis**
- _____ **Pulmonary fibrosis (having damaged or scarred lung tissues)**
- _____ **Asthma (moderate to severe)**
- _____ **COPD (chronic obstructive pulmonary disease)**
- _____ **Diabetes**

- Serious heart conditions**
- Obesity (body mass index [BMI] of 30 or higher)**
- 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.

Medical Professional's Signature

Date

Medical Professional's Name (Please Print)

Phone

Fax

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 service.

