School District U-46
Ann Chan, Asst. Superintendent
Human Resources
355 E. Chicago St., Elgin, IL 60120-6543
Tel: 847.888.5000 x5024
Fax: 847.888.7188

Tony Sanders, Superintendent

www.u-46.org

Medical Certification Form for COVID-19-Related Accommodations

Employee Name: _____

Employee Job Title: _____

Employee's Regular Work Schedule: _____

Employee's Essential Job Functions: See attached job description _____

_____

Instructions to the Employee: Please ask your health care provider to complete this form and sign it. Please return the completed, signed form to Human Resources as soon as possible.

Your failure to provide a complete and sufficient medical certification by the date below may result in denial of your leave request.

Please return the completed form to:

Fax:	847-888-6990
E-Mail:	Benefits@U-46.org
Mail:	School District U-46 ATTN: Benefits, 355 E. Chicago Street, Elgin, IL 60120

Instructions for Health Care Provider: Your patient has asked for reasonable accommodations for a disability due to the COVID-19 pandemic. Your responses to this form will help us determine whether your patient has a disability covered by the ADA and, if so, what if any accommodations may be needed as a result of the disability. Please answer all applicable parts of this certification fully and completely. Please be as specific as you can in describing any recommended accommodations. Please limit your responses to the condition for which the patient is seeking an accommodation.

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.

Please be sure to sign the form on the last page.

School District U-46
Ann Chan, Asst. Superintendent
Human Resources
355 E. Chicago St., Elgin, IL 60120-6543
Tel: 847.888.5000 x5024
Fax: 847.888.7188

Tony Sanders, Superintendent

www.u-46.org

1. Provider's name: _____

2. Provider's business address: _____
   Name of Practice / Organization

   _____
   Street # Suite#

   _____
   City State Zip

3. Type of Practice / Medical Specialty: _____

4. Telephone: (_____)_____ Fax: (_____)_____

5. Does the patient have a physical or mental impairment? ☐ No ☐ Yes

   If yes, please describe the impairment or nature of the impairment:_____

   _____

   _____

   _____

6. Approximately when did the patient's impairment commence? _____

7. When the impairment is active, does the impairment substantially limit one or more major life activities (including major bodily functions), as compared to most people in the general population? *Note that the impairment need not prevent or severely or significantly limit a major life activity to be substantially limiting. If the effects of the impairment are intermittent, please consider the impairment in its active state. Please do not consider the effects of any ameliorative measures such as medication, prosthetics devices, low vision equipment (other than ordinary eyeglasses or contacts), or other medical treatment.* ☐ No ☐ Yes

   If yes, which of the following major life activities / major bodily functions is/are affected?

School District U-46
Ann Chan, Asst. Superintendent
Human Resources
355 E. Chicago St., Elgin, IL 60120-6543
Tel: 847.888.5000 x5024
Fax: 847.888.7188

Tony Sanders, Superintendent

www.u-46.org

Major life activities:

☐ Bending	☐ Hearing	☐ Reaching	☐ Speaking	☐ Other
☐ Breathing	☐ Interacting with others	☐ Reading	☐ Standing	(Describe below)
☐ Caring for self	☐ Learning	☐ Seeing	☐ Thinking	
☐ Concentrating	☐ Lifting	☐ Sitting	☐ Walking	
☐ Eating	☐Performing manual tasks	☐ Sleeping	☐ Working	

Major bodily functions:

☐ Bladder	☐ Digestive	☐ Lymphatic	☐ Reproductive	☐ Other
☐ Bowel	☐ Endocrine	☐ Musculoskeletal	☐ Respiratory	(Describe below)
☐ Brain	☐ Genitorurinary	☐ Neurological	☐ Sense organs	
☐ Cardiovascular	☐ Hemic	☐ Normal cell growth	☐ Skin	
☐ Circulatory	☐ Immune	☐ Operation of an Organ		

_____

_____

_____

8. Does the patient's impairment limit the patient's ability to safely work onsite during the COVID-19 pandemic, as compared to most people in the general population? ☐ No ☐ Yes

   If yes, please explain how the patient's ability to safely work onsite is limited by the impairment:_____

   _____

   _____

   _____

If the answer to question 8 was "yes," are there any accommodations (*e.g.*, additional protective equipment, physical modifications to workspace, modification of job duties, changes to the patient's scheduled work days or working hours, etc.) that would make it feasible for the patient to work onsite during the COVID-19 pandemic? ☐ No ☐ Yes ☐ N/A

If yes, please describe, and explain how the proposed accommodation would assist the patient in working onsite:_____

_____

_____

_____

School District U-46
Ann Chan, Asst. Superintendent
Human Resources
355 E. Chicago St., Elgin, IL 60120-6543
Tel: 847.888.5000 x5024
Fax: 847.888.7188

Tony Sanders, Superintendent

www.u-46.org

9. Does the patient's impairment restrict the patient's ability to work remotely? ☐ No ☐ Yes

   If yes, please explain how the patient's ability to work remotely is limited by the impairment:_____

   _____

   _____

   _____

10. If the answer to question 9 was "yes," are there any accommodations that would make it feasible for the patient to work remotely? ☐ No ☐ Yes ☐ N/A

    If yes, please describe, and explain how the proposed accommodation would assist the patient in working remotely:_____

    _____

    _____

    _____

11. Aside from any accommodations described above, are there any other accommodations that would help the patient safely and effectively perform the essential functions of his/her job, as set forth in the attached job description? ☐ No ☐ Yes

    If yes, please describe, and explain how the proposed accommodation would assist the patient in performing his/her essential job functions:_____

    _____

    _____

    _____

12. Please provide your best estimate of how long the patient will need any accommodations described above. If you expect the patient's needs to change over time, please describe any anticipated changes.

    _____

    _____

    _____

    _____

School District U-46
Ann Chan, Asst. Superintendent
Human Resources
355 E. Chicago St., Elgin, IL 60120-6543
Tel: 847.888.5000 x5024
Fax: 847.888.7188

Tony Sanders, Superintendent

www.u-46.org

Please provide any other pertinent medical information that should be taken into account when evaluating the patient's request for accommodations. This may include information such as the patient's diagnosis, prognosis, or plans for medical treatment or further evaluation.

_____

_____

_____

_____

ADDITIONAL INFORMATION (Please identify the applicable question number with your additional answer; attach additional pages if more space is needed):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Health Care Provider Date