



**SUPPLEMENTAL MEDICAL INQUIRY FORM
FOR ADA ACCOMMODATION REQUEST
DURING COVID-19
(To be completed by Health Care Provider)**

RETURN COMPLETED FORM TO: EEO Office, 6901 Charles Street, Building B, Towson, MD 21204; Phone: 443-809-8937; Confidential Fax: 410-296-2618

Employee's Name _____ **Job Title** _____

Please review the mitigation strategies that are currently in place at Baltimore County Public Schools (BCPS).

Employees who are reporting to schools, offices, or worksites must adhere to the following guidelines that have been adopted in accordance with Center for Disease Control and Prevention (CDC) and Health Department recommendations:

- A. Temperature checks must occur at home, before arriving to the work site. Employees must remain at home if they have a temperature of 100.4 degrees or greater, new onset of a cough or shortness of breath, new loss of smell and/or taste, and/or two of the following symptoms: fatigue, muscle or body aches, headache, chills, sore throat, congestion, nausea or vomiting, and/or diarrhea. Employees with the aforementioned symptoms must notify their supervisor that they are ill and should contact their doctor as soon as possible.
- B. Supervisors of employees who display or complain of symptoms of COVID-19 while at work shall send them home immediately. Employees can return to work if they have been symptom-free for 72 hours or if they provide a return to work note from a health care provider.
- C. All workspaces and shared equipment areas will be cleaned and disinfected regularly.

In addition to the above-mentioned mitigation strategies, BCPS requires that all employees and students:

- A. Frequently wash hands throughout the day for 20 seconds using soap and water, however, if soap and water is not available, hand sanitizer should be used. Hand sanitizer dispensers are recommended at all entrances, elevators, and high-touch areas within office buildings.
- B. When possible, all employees should practice social distancing and maintain at least 6 feet from other employees/students in their workspace.

- C. All employees must wear a mask or cloth facial covering. These should be worn at all times while working on BCPS property unless they are alone in an office/space or if driving alone in a BCPS vehicle. Masks are not a substitute for social distancing.

With the above-mentioned mitigation strategies in place, do you certify that:

1. Based on the employee's medical condition, the employee cannot return to their assigned workplace.

Yes No

2. Based on the Center for Disease Control's list of underlying medical conditions, does the employee's medical condition meet the criteria for: (Please check the box that applies)

Is at increased risk of severe illness from the virus that causes COVID-19?

Might be at an increased risk for severe illness from the virus that causes COVID-19?

3. What additional measures would you suggest in order for the employee to perform the essential functions of their job?

I certify that all statements and answers on this form are complete and true to the best of my knowledge.

Date of Medical Examination: _____

Physician's Name (*Please Print*): _____

Physician's Signature: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

License#: _____ State of License: _____