



SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

COVID-19 ACCOMMODATION GUIDANCE FORM

Employee Name: _____

Physician's Name: _____

Position or Job Title: _____

Work Site for the 2020-21 School Year: _____

Duration of Restrictions: _____

Reasonable accommodations may be offered to eligible individuals whose disability puts them at greater risk from COVID-19. We ask that employees with disabilities who believe they may be at higher risk for severe illness or complications due to COVID-19, or who believe the changes to the workspace due to new health and safety rules create a need for an accommodation, have their health care provider complete this form, and then return it to the District in order to facilitate the conversation about limitations, reasonable accommodations, and/or workplace options. **We are not requesting that a health care provider disclose specific health conditions.**

Please check any of the following that apply to employee as of the date of completing this form:

At a higher risk of developing serious complications from COVID-19 due to an underlying medical condition/disability

Please Explain:

_____ Other (Please explain): _____

For Physician:

Below, please indicate the level of impairment/restrictions of the employee based upon your objectively reasonable assessment of their medical condition or disability. Please mark possible reasonable accommodations that may safely and effectively address COVID-19-related medical restrictions to enable the employee to perform job functions during the course of the COVID-19 pandemic.

I. Leave of Absence Required

- Leave of Absence. Unable to perform the duties of the position with or without accommodations. Complete restriction from all work including remote work. There is likely no way to reasonably and effectively accommodate employee’s medical restrictions or limitations in a manner that does not interfere with the essential functions of employee’s position or that imposes an undue hardship to the employer, aside from utilizing available leaves.

II. Required to Quarantine or Advised to Self-Isolate at Home

- Required to Quarantine or advised to Self-Isolate at Home. The employee’s medical restrictions or limitations makes the employee an extremely high risk of severe COVID-19 symptoms if exposed. Therefore, the employee is advised to self-isolate, to not leave their home (With the exception of doctor appointments, visits to non-public spaces, and non-social gatherings.).

III. Exposure to People per Physical Distancing Guidelines and Accommodations

- The employee’s medical restrictions or limitations are acute. Limited exposure to the in-person work environment can be safe if the following accommodations and safety protocols are implemented. Classroom environments will not exceed occupancy levels per County Public Health Department guidelines. Please check all that apply:

_____ **Alternative Work Arrangements to Provide Flexibility**

_____ Temporary removal of non-essential/marginal job duties that would present a greater risk of exposure

_____ Offer reduced or part-time hours

_____ Modifications to Current Work Arrangement to Limit Contact

- _____ Mandate employee, student, and public use of all Personal Protective Equipment (PPE) including mask usage unless otherwise exempted by law, compliance with physical distancing and recommended health and safety practices as practicable
- _____ To maintain physical distancing adjust egress and ingress pathways for employee in the workplace
- _____ Shift or stagger schedules to reduce number of employees, students and public present in the same location to avoid congestion
- _____ Move employee work location to area that has fewer employees, students and/or the public
- _____ Add dividers, partitions, or other barriers to ensure limited contact
- _____ Lower the level of supervision or communicate solely via phone or virtually while on-site
- _____ Modify layout of workspace to provide for physical distancing
- _____ Provide private workspace or area to maximize isolation while on-site
- _____ Call worksite before entry to facilitate one person moving through facilities at a time
- _____ Allow for more frequent/flexible breaks for disinfecting or washing hands
- _____ Dedicate time for being outside to get fresh air/ensure windows and doors are working properly to allow for increased fresh air flow
- _____ Limit student contact to consistent small group/cohort of students/employees or less to ensure social distancing guidelines

_____ Personal Protective Equipment to Reduce Chance of Transmission

- _____ Require use of face mask
- _____ Require use of face shield or visor
- _____ Require wearing a gown
- _____ Use of air cleaning device, system, or purifier

_____ Other (Please Explain): _____

IV. No Restriction/Limitations Provided compliance with County Public Health Guidelines

- The employee's medical restrictions or limitations are mild or the employee does not have any medical restrictions or limitations related to the COVID-19 pandemic and can safely perform all essential job functions at their work site consistent with the applicable San Luis Obispo County Public Health Orders and Guidance directed by the District.

_____ **Other (Please Explain):** _____

V. No Restriction/Limitation

Other Comments (optional):

I attest that the above information is accurate and complete.

Physician's Signature: _____

Date: _____