



## COVID-19 Accommodation Request Form

### Instructions

This form should be completed and signed by a physician or qualified healthcare professional. Eligibility is based on documented clinical data, not just self-report or evidence of diagnosis. The purpose of this form is to assist the University ADA Coordinators in determining whether an employee has a disability as defined by the Americans with Disabilities Act (ADA) and whether a reasonable accommodation can be granted to assist the employee in performing the essential functions of their job.

### Employee Information:

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Name

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Department/Unit

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Position/Title

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Email

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Phone Number

### Authorization to Release Medical Information:

I, \_\_\_\_\_, authorize the University's ADA Coordinators (Dr. Jennifer Maedgen/Stephanie Myers) to communicate with my licensed physician/healthcare provider listed below. The purpose of this authorization is to assist my employer, The University of Texas at Austin, in evaluating the need for workplace accommodations. I authorize my licensed physician/healthcare provider to provide information to the University's ADA Coordinators that will assist the University in making a determination regarding my request for workplace accommodations. I understand that I may revoke this authorization at any time by notifying in writing the University's ADA Coordinators, but if I do, it will not have any effect on actions the University took in reliance on this authorization prior to receiving the revocation. This authorization expires if the employee no longer seeks workplace accommodations under the Americans with Disabilities Act, as amended or leaves employment with the University.



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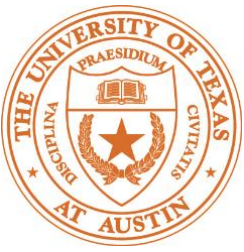
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**Dear Healthcare Provider:**

Your patient and our employee, is being evaluated for a reasonable workplace accommodation under the Americans with Disabilities Act, as amended (ADA) in response to COVID-19. The signed medical release gives the University ADA Coordinators the latitude to connect with you to learn more about this individual's condition and the extent and duration of their restrictions. The information you provide will help us determine whether they are able to resume working in-person at The University of Texas at Austin. It is important to note that the University is primarily a residential campus, and an essential function of certain employee positions is to have an on-campus presence to some extent.

1. When did you start treating this patient for the medical condition/disability for which they are seeking a workplace accommodation?
2. What is the date of your most recent visit with this patient?
3. Is the individual high-risk for severe illness if they are in an area with a high COVID-19 community level?  
 Yes  
 No
4. According to the Center for Disease Control and Prevention (CDC), people with [certain medical conditions](#) are more likely to get very sick from COVID-19. In the space below, please indicate the medical impairments that designate the individual as high risk for severe illness if they are in an area with a high COVID-19 community level. It's important to note that certain risk factors (e.g., pregnancy and age) are not considered disabilities in and of themselves. It is important to document any health conditions that may accompany these factors to determine whether accommodations are appropriate.



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Staying up to date with COVID-19 vaccines (getting primary series and booster) and the provision of combination monoclonal antibody treatment (e.g., Evushield) for pre-exposure prophylaxis against COVID-19 are steps one can take to reduce their risk for severe illness if they are in an area with a high COVID-19 community level.

5. Has the individual been counseled on vaccines and/or monoclonal antibody treatment to reduce their risk for severe illness if they are in an area with a high COVID-19 community level?

Yes

No

6. Is the individual medically unable to receive the COVID-19 vaccine?

Yes

No

7. If the employee is medically unable to receive the COVID-19 vaccine, please complete the following:

7a: What is the medical condition that causes the employee to be medically unable to receive the vaccine?

7b: Why does that medical condition cause the employee to be medically unable to receive the vaccine?

8. If the employee has or is able to receive the COVID-19 vaccine, does the employee have a medical condition that reduces the efficacy of the COVID-19 vaccine?

Yes

No

8a: What is the medical condition?



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8b: What is the basis for your determination that the efficacy will be reduced?

9. Can the individual reduce their risk of severe illness by wearing a mask or respirator when they are in an area with a high COVID-19 community level?

Yes

No

10. In the space below, please describe any other medical need for accommodations related to COVID-19.

**Accommodations:**

Please check all accommodations that would enable the employee to perform their job functions safely and effectively:

1. Telework
2. Private on-campus workspace
3. Maintaining \_\_\_\_\_ feet of distance
4. Wearing a mask

If options 2, 3, or 4 are not selected, please explain why those options would not enable the employee to perform their job functions safely and effectively:



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**Physician/Health Care Provider Information:**

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Physician/Healthcare Provider Name and Title

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Name of Hospital/Practice

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Address

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Telephone & Fax

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Physician/Healthcare Provider Signature & Date

Please note, some university employees have a position that requires them to provide consistent, daily, direct student support, as a result, their role may not lend itself to working remotely in any capacity.

\*Certain risk factors (e.g., age and pregnancy) are not considered disabilities in and of themselves. It is important to document any health conditions that may accompany these factors to determine whether accommodations are appropriate.

Submit your response to the questions above via fax at 512-471-8180 or 512-475-7730. The fax should be directed to the attention of the University ADA Coordinators.

If you have questions, the University ADA Coordinators can be reached by phone at 512-471-1849 or email at [ada@austin.utexas.edu](mailto:ada@austin.utexas.edu).