JEFFERSON PARISH SCHOOLS
501 MANHATTAN BLVD.
HARVEY, LA. 70058

PHASE 3 – MEDICAL CERTIFICATE FOR COVID-19 ACCOMMODATIONS

RECERTIFICATION FOR EMPLOYEES AT HIGHER RISK
POST VACCINE AVAILABILITY

TO BE COMPLETED BY THE PATIENT/EMPLOYEE

NAME OF PATIENT: _____

EMPLOYEE #: _____ OCCUPATION: _____

SCHOOL/DEPT. _____ SUPERVISOR: _____

Permission to release medical information

I, _____, (print name) give my healthcare provider permission to release my medical information as it relates to a higher risk medical condition for severe illness from Covid-19. This information will be held confidential in the Office of Human Resource and will be used only to assist in determining the extent of the need for any accommodation(s) that would enable me to continue to perform my essential job functions. I have provided my current job description to help the physician in his/her determination of my disability and any accommodation(s).

_____ Employee/Patient Signature _____Date

Dear Physician,

The patient/employee named above is currently on a COVID-19 accommodation due to being previously identified by you to be at higher risk for complications of COVID-19. The state and school district is currently in Phase 3 COVID-19 protocol. Vaccines are widely available and the vaccine has been offered to ALL employees of Jefferson Parish School System. Please complete the following information concerning the continued medical necessity for accommodations.

REQUIRED: To be completed by the same Healthcare Provider who completed the initial certification.

A healthcare provider is a physician who is treating and /or has knowledge about the employee/applicant's medical condition for which accommodation(s) is being sought from the employer.

Name of Physician/Practitioner: _____

Street Address, City, State and Zip: _____

Degree/ Specialty/Type of Practice: _____ Contact Number: _____

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MEDICAL STATUS

***Please describe the medical condition that causes/has caused this patient to be at higher risk for complicatons from COVID-19.**

_____

_____

_____

***Has there been a change in the medical status of the patient causing him/her to no longer be at higher risk for complications from COVID-19 since the date of the last medical certificate?** (Example: no longer pregnant, no longer taking medication that compromises the immune system, contracted COVID-19 and did well, has been vaccinated, etc.)

YES _____ NO _____

PHASE 3

In order to create a safe environment for all returning employees and students, including those who may be at higher risk of serious illness due to Covid-19, the district is continuing to follow the following safety measures into Phase 3:

- Physical distancing in accordance with current guidelines
- Mandating hand-washing protocols
- Providing additional: masks and face shields (as needed), hygienic supplies – soap, hand-sanitizer, disinfectant wipes/sprays, tissues, paper towels, and gloves when needed or as desired
- Requiring all students and staff to wear face coverings, absent special circumstances
- Increased cleaning and disinfecting of school buildings throughout the school day
- Monitoring students and adults for symptoms, including daily temperature screenings
- Limiting non-essential visitors to campus

***Are these safety measures sufficient to allow this employee to physically return to full duty work on campus in Phase 3 without any accommodation(s)?**

YES_____ NO _____

STOP - If you answered "YES", no further evaluation is needed. Please sign the bottom of page 4 and submit all 4 pages of this form as indicated at the bottom of the form.

Return all 4 pages directly to JP Schools, Office of Human Resources using one of the following:
Important Note: Forms will not be accepted directly from the employee.
● Regular Mail to Jefferson Parish Schools, Human Resources ATTN: Leaves, 501 Manhattan Blvd., Suite 1200, Harvey, LA 70058 ● FAX to (504) 349-7726 or (504) 349-7778 ● Email to hrcovidaccommodations@jpschools.org

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POST VACCINE AVAILABILITY

POST VACCINATION & RETURN TO WORK INFORMATION

***Has the patient completed the COVID-19 vaccination process? _____ Yes _____ No**

***The patient had/will have the final dose of the COVID-19 vaccination on _____.**

***Is this patient able to return to duty on campus two weeks after the final dose of his/her vaccination?**

_____ **Yes.** You may stop here, no further evaluation needed. You do not need to complete the remaining sections of this form. Move to page 4, sign form, and return as indicated.

_____ **No**. Continue.

NOT VACCINATED

***Is the patient medically able to receive the vaccine and has voluntarily declined to be vaccinated?**

_____ Yes _____ No

***Does the patient have a medical condition that prevents him/her from taking the vaccine?**

_____ Yes _____ No

***If yes, please describe the condition or explain why the patient is unable to be vaccinated.**

***Is this a permanent or temporary recommendation? _____ Permanent _____ Temporary**

_____

_____

***Is the patient able to return to duty on campus even though he/she is not able to be vaccinated?**

_____ **Yes.** You may stop here, no further evaluation needed. You do not need to complete the remaining sections of this form. Move to page 4, sign form, and return as indicated.

_____ **No.** Continue.

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WORK STATUS IN PHASE 3

***If the patient is not being released to return to full duty on campus, list the essential job functions that the patient/employee is unable to perform due to being high risk for Covid-19 in Phase 3 and/or post vaccine availability.**

_____

_____

***List any accommodation(s) necessary to allow the patient to return to duty on campus.**

_____

_____

*** If you have indicated the only accommodation for this employee/applicant is to "Work from Home," please explain why this is the only accommodation possible and/or why no other accommodation(s) are sufficient.**

_____

_____

***How long do you expect the need for additional accommodation(s) listed in the questions above to last?**

_____

END

_____ _____ Date

Healthcare Providers Signature
(Stamps & Designees Signature NOT accepted)

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