

COVID-19 High Risk Identification and ADA/FMLA Supporting Medical Documentation

ADA/FMLA Support for High Risk Employees. During the pandemic emergency, the Library is committed to working with employees who are at high risk of serious illness from COVID-19 so that they can continue to perform their Library duties safely. In addition to implementing safety protocols that benefit all employees, the Library will continue to support high risk employees by making reasonable accommodations under the Americans with Disabilities Act (ADA) and applying flexibilities under the Family and Medical Leave Act (FMLA).

New Guidelines Require New Certifications. The CDC recently [updated its guidelines](#) about the medical conditions that put people at increased risk for severe illness from COVID-19. The Library is therefore updating its criteria for identifying high risk status. Because the new CDC guidelines reflect the evolving, more nuanced medical understanding of COVID-19 risk factors, high risk identification will now include both information from the employee and documentation from their healthcare provider.

Steps You Need to Take. If you wish to be identified as high risk and to engage with the Library on reasonable accommodations for working during the next phases of the pandemic response, please take the following steps:

1. Complete the new *COVID-19 High Risk Identification* form by **Monday, August 10, 2020**.
2. Ask your healthcare provider to complete the *COVID-19 High Risk Medical Note* by **Tuesday, September 8, 2020**. In this form letter, your healthcare provider will identify the diagnosis that puts you at high risk for serious illness from COVID-19 and may also identify accommodations that would make it safer for you to perform your Library duties during the pandemic. The note includes authorization for the provider to release this medical information to the Library.

If you are a primary caregiver of a high risk individual, have **their** healthcare provider complete the *COVID-19 High Risk Medical Note* and identify you as the primary caregiver. Being a primary caregiver means the individual depends on your assistance for daily self-care, e.g., eating, bathing, dressing, cooking, etc. Simply living with someone who is at high risk is not considered being a primary caregiver.

If medical documentation of your CDC-designated COVID-19 high risk condition or the high risk condition of a person you care for is already on file with HSD, your healthcare provider does not need to complete the *COVID-19 High Risk Medical Note*.

You and your healthcare provider may email the scanned forms to HSDCOVID-check-in@loc.gov or fax them to [\(202\) 707-8136](tel:(202)707-8136). If you are unable email the form, you may enter the required information into the body of an email and send it to HSDCOVID-check-in@loc.gov. If you use this method, be sure to provide **ALL** of the required information. **Incomplete or late documentation will DELAY the accommodations process.**

COVID-19 High Risk Identification

- Step 1 Identify the medical condition(s) that put you at high risk for serious illness from COVID-19. For guidance consult your medical provider and the updated CDC guidelines. Email this information to HSDCOVID-check-in@loc.gov. If you cannot email the form, you may put the content in the body of an email. **Do not send the email to your supervisor.** Health Services Division (HSD) will maintain your health information in accordance with applicable privacy regulations and will not share it with your supervisor.
- Step 2 Complete the employee section of the *COVID-19 High Risk Medical Note*. Ask your healthcare provider to complete the rest and send it to HSDCOVID-check-in@loc.gov. However, if medical documentation of your CDC-designated COVID-19 high risk condition (category 1, below) or the high risk condition of a person you care for (category 3) is already on file with HSD, your healthcare provider does not need to complete this form. **Your high risk identification is not complete until HSD has the necessary information.**
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1. **I have been diagnosed by a health care provider with the following CDC-designated COVID-19 high risk condition(s):**

- | | |
|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart failure |
| <input type="checkbox"/> Chronic kidney disease (stages 1-5) | <input type="checkbox"/> Coronary artery disease |
| <input type="checkbox"/> COPD (chronic obstructive pulmonary disease) | <input type="checkbox"/> Pulmonary hypertension |
| <input type="checkbox"/> Obesity (BMI of 30 or higher) | <input type="checkbox"/> Sickle cell disease |
| <input type="checkbox"/> Immunocompromised state due to a solid organ transplant | |
| <input type="checkbox"/> Type II Diabetes (only, NOT Type I, prediabetes, or gestational) | |
| <input type="checkbox"/> Cardiomyopathies (heart muscle disease – dilated, hypertrophic, restrictive, etc.) | |

Medical documentation of my diagnosis: is already on file with HSD; or, will be in the *COVID-19 High Risk Medical Note* from my healthcare provider.

2. **Due to a diagnosis not listed above, my health care provider indicates that I am at high risk for serious illness from COVID-19.** Medical documentation of my diagnosis will be in the *COVID-19 High Risk Medical Note* from my healthcare provider.

3. **I am the primary caregiver for someone considered by their health care provider to be at high risk for serious illness from COVID-19.** Medical documentation of their diagnosis and my role as primary caregiver: is already on file with HSD; or, will be in the *COVID-19 High Risk Medical Note* from their healthcare provider.

Name

Email

Employee: _____

Supervisor: _____

Service Unit: COO CRS LAW LCSG LIBN LS OCIO OIG USCO