



Health Services Division

COVID-19 High Risk ADA/FMLA Request

Dear Healthcare Provider:

_____ is a Library of Congress employee who is requesting reasonable accommodations under the Americans with Disabilities Act (ADA) or flexibilities under the Family and Medical Leave Act to enable them to continue to perform their Library duties during the COVID-19 pandemic. Using the most recent CDC guidelines, the employee has identified themselves as either at increased risk of severe illness if they become infected with COVID-19 or as a primary caregiver for such a high risk individual. I understand that the employee or the person they care for is your patient.

The Library is committed to the health and safety of all of its employees and visitors during this extraordinary time. We have implemented recommended COVID-19 protocols, including requiring face coverings and social distancing on premises, screening daily for symptoms, modifying workspaces and schedules, limiting the number of people on premises, and enhancing cleaning. Employees whose jobs can be performed remotely are teleworking. For high risk employees, particularly those whose duties cannot be performed remotely, we are interested in finding effective ways to work safely during the pandemic.

To assess the employee's ADA request, my office needs confirmation from you that they have been diagnosed with a condition the CDC has identified as presenting increased risk for severe illness from COVID-19 or with another condition that, in your professional opinion, puts them at high risk. If they have identified themselves as the primary caregiver for your patient, please confirm your patient's high risk status and your understanding that the employee is your patient's primary caregiver. We are also interested in whether you believe work modifications beyond those we have already put in place are necessary for your patient (or their caregiver) and any specific recommendations you may have. We will maintain your patient's health information according to applicable privacy regulations.

Please complete the attached brief form and return it to HSDCOVID-check-in@loc.gov or fax (202) 707-8136. If you have questions, I can be reached at (202) 707-8035. Thank you.

Sandra M. Charles, M.D.
Library of Congress Chief Medical Officer

Library of Congress COVID-19 High Risk ADA/FMLA Request Medical Note

Employee Section

Employee Name: _____ DOB: _____

I am the primary caregiver for the person identified below (if applicable):

Name: _____ DOB: _____

I (the Library employee or the person they care for, as appropriate) authorize the release of the medical information requested on this form to the Library of Congress solely for the purpose of evaluating my request for reasonable accommodation under the ADA or flexibilities under the FMLA. This authorization is valid for 180 days from the date below, unless revoked by me in writing.

Signature: _____ Date: _____

Provider Section

Diagnosis/ICD-10 code of medical condition that has a high risk associated:

Reason this condition should be considered high risk:

Do you understand the employee to be the primary caregiver for your high risk patient? YES / NO / NA

Recommended additional on-site work modifications (if any):

Signature: _____ Date: _____

Name: _____

Address: _____

Phone: _____

Fax: _____

Please return this form to HSDCOVID-check-in@loc.gov or fax (202) 707-8136. Thank you.