



**Medical Information Request Form
for COVID-19 Temporary Reasonable Accommodation for
Faculty, Administrators, and Staff**

Fordham University is committed to providing a work environment that sustains our important mission of education and minimizes risks for the successful return of its employees to campus.

If the employee, or the employee's household member, or family member whom the employee cares for, whose age or health condition falls within one of the [CDC High Risk Categories and People Who Need to Take Extra Precautions](#), they may seek a workplace adjustment through the reasonable accommodation process. Medical documentation is required.

Note that the [CDC High Risk Categories and People Who Need to Take Extra Precautions](#) are subject to change as new information about COVID-19 becomes available. Please refer to the [CDC High Risk Categories and People Who Need to Take Extra Precautions](#) website for the latest information.

The current review of requests for an accommodation is based on the latest [CDC High Risk Categories and People Who Need to Take Extra Precautions](#) that list all medical risk factors.

Faculty _____ Administrator _____ Staff _____ Adjunct _____ Grad/Doctoral Student _____

First Name: _____

Last Name: _____

Middle Initial: _____

Department or School: _____

Email: _____

Contact #: _____

Name of Supervisor/Chair: _____

To substantiate the medical condition of yourself or your household member or family member you care for, please submit one of the following forms with this request form.

For Self

[Medical Form - Employee](#)

For Family Members or Household Member

[Medical Form - Family or Household Member](#)

Release of Information

The individual whose medical records are being provided must also complete the following HIPAA release form:

[New York State Authorization for Release of Health Information Pursuant to HIPAA](#)

Submit all forms **via email to occ-health-medicine@fordham.edu**.

NOTE: Please visit **[Fordham's Email Encryption website](#)** and follow the process to safeguard and ensure the privacy of your medical information.

Employee's Signature: _____

Date: _____

Privacy Statement: Fordham University provides accommodations due to COVID-19 to qualified employees. Accommodations are determined, identified and implemented in a collaborative process among the employee, supervisor, the Office of Human Resources Management, and Office of the Provost if applicable, with review and feedback from the University's Occupational Health Consultant(s). All medical documentation and information should be shared solely with the Office of Human Resources Management or the University's Occupational Health Consultant(s).

Contents of this request are confidential. This form, and any medical documentation submitted on your behalf, will not be placed in your personnel file. All medical documentation will be kept in a separate confidential file as per applicable law.