Appendix G: COVID-19 Healthcare Verification Form

Employee Name:____

The above-mentioned individual is a Kilgore College employee who has requested workplace modifications on the basis of an underlying medical condition that puts the employee at increased risk of severe illness from the virus that causes COVID-19. In order to determine whether the employee qualifies for such modifications, we ask that you as their health care provider please provide the following information. Once completed, please return the completed form to your patient and/or Kilgore College Human Resources Office (contact information below). Please do not add conditions to this form.

1. Please identify which of the following conditions the individual has been diagnosed with:

- ☐ Cancer
- ☐ Chronic kidney disease
- ☐ COPD (chronic obstructive pulmonary disease)
- ☐ Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- ☐ Immunocompromised state (weakened immune system) from solid organ transplant
- ☐ Obesity (body mass index [BMI] of 30 kg/m2 or higher but < 40 kg/m2)
- ☐ Severe Obesity (BMI > 40 kg/m2)
- ☐ Sickle cell disease
- ☐ Smoking
- ☐ Type 2 diabetes mellitus

2. Date of last medical evaluation of this individual:

____
Month/Day/Year

3. Please describe the Employee's current functional limitations due to the condition indicated in Question 1 and the risks COVID-19 would have on the employee in the workplace environment.

4. If available, please attach copies of any relevant medical records to this form.

Certifying Professional – **By signing below (print/type), you are confirming that you are a qualified healthcare professional who is treating the employee named herein and you are personally providing the information above.**

Name:____ License #:__________________________

Address:_______________________________________ Phone:_____________________________

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Signature:______________________________________ Date:______________________________

Please return this form to your patient/the employee and/or submit to
Kilgore College Human Resources Office