



Instructions for Faculty Requesting Exception from On-Campus Work Due To Increased Risk of Severe Illness

The State of Florida is currently operating under Phase 3 of the reopening plan and vulnerable populations, including individuals older than 65 years of age and individuals with a serious underlying medical condition (e.g., chronic lung disease, moderate-to-severe asthma, serious heart conditions, immune-compromised status, cancer, diabetes, severe obesity, renal failure and liver disease), can resume public interactions but should practice social distancing, minimizing exposure to social settings where distancing may not be practical unless precautionary measures are observed.

In response to the current COVID-19 pandemic, the University of Central Florida has implemented mandatory health measures on campus. These health and well-being measures include mandatory face coverings indoors and outdoors, physical distancing, enhanced cleaning and disinfection, required use of a daily self-checker, and a robust testing, tracing and illness response program that reduces the risk of working or learning on campus.

Per CDC guidance, people of any age with the following conditions **are at increased risk** of severe illness from COVID-19:

- [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 \(BMI ≥ 40 kg/m²\)](#)
- [Pregnancy](#)
- [Sickle cell disease](#)
- [Smoking](#)
- [Type 2 diabetes mellitus](#)

Faculty members who are asked to work on-campus and have one or more of the above underlying medical conditions or have a household member with one or more of the above underlying medical conditions may request an exception for the Spring 2021 term. Faculty members who wish to request an exception from working on campus must complete Section I of the attached exception form. Except when the request is based on a household member aged 70 or older, a physician must complete Section II of the same exception form or provide a letter on official letterhead documenting which of the above conditions are applicable and indicate the Faculty member should remain in remote work status. *The completed form from your physician along with any attachments on official medical office letterhead should be submitted to the UCF Human Resources Department by secure fax at 407-882-9023.*

This request form should not be for a disability under the Americans with Disabilities Act (ADA).

This request specifically addresses exceptions to in-person work requirements due to increased risk of severe illness related to COVID-19. A disability under the ADA is a physical or mental impairment that substantially limits one or more major life activities (walking, hearing, breathing, etc.) See <https://oie.ucf.edu/#accessibility>.

If you need to request to work remotely based on limitations caused by a disability, please complete pages 1-3 of the [Reasonable Accommodation Request Form](#), and have your physician complete pages 4-9. Please send the completed form to the Office of Institutional Equity (oie@ucf.edu).

**University of Central Florida Certification of Healthcare Provider Form for Faculty
COVID-19 Exception from On-Campus Work**
University of Central Florida, Human Resources, 3280 Progress Drive, Suite 100, Orlando, FL 32826
Phone: 407-823-2771 – Fax: 407-882-9023

THIS FORM SHOULD BE FORWARDED DIRECTLY TO THE HUMAN RESOURCES DEPARTMENT.

SECTION I: For Completion by the Faculty Member: Please complete Section I before giving this form to the patient's health care provider. Your response is required to obtain or retain the benefit of remote work. Failure to provide a complete and sufficient medical certification may result in a denial of your request or you may be required to use leave. All requests will be confidentially reviewed by Human Resources.

Your name: (Last) _____ (First) _____ (Middle) _____

College/Department: _____ Chair/Supervisor: _____

Are you an instructional faculty member teaching classes in the spring? YES NO

Do you or someone in your household have one or more of the conditions listed below? YES NO

Patient Name: _____

(UCF ID) _____ (Employee Signature) _____ (Date) _____

Purpose and Use Statement: UCF needs to know who is available to teach on campus. In response to the current COVID-19 pandemic, the university has implemented mandatory health measures on campus. These health and well-being measures include mandatory face coverings indoors and outdoors, physical distancing, enhanced cleaning and disinfection, a daily self-checker, and a robust testing, tracing and illness response program that makes working or learning on campus low risk. In addition to the health and well-being measures and per CDC guidance, adults of any age with the following conditions who **are at increased risk** of severe illness from the virus that causes COVID-19 may also request an exception from working on campus when accompanied by a doctor's note:

- 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)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

Faculty members may request an exception based upon age. *Do not complete Section II if for age only.*

- You or household member age 70 or older by 01/01/21; Provide date of birth: _____

The Genetic Information Nondiscrimination Act of 2009 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information", as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

SECTION II: For Completion by the Health Care Provider:

1. Does the patient currently under your care have one or more of the conditions listed above? YES NO

2. Please describe the nature and severity of your patient's medical condition, including relevant medical facts related to the condition (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

3. Please provide a timeline (through date) for these restrictions, modifications or adjustments listed above.

Temporary _____ Indefinite (expected to last more than 6 months) _____ Unknown

Health Care Provider's Name/Practice: _____

State of Florida License Number: _____ Phone: _____ Fax: _____

Signature of Health Care Provider: _____ Date: _____

Please forward completed form to UCF Human Resources via secure fax 407-882-9023.
Questions may be directed to loandworkcomp@ucf.edu