



COVID-19 Work Adjustment Request Medical Certification Form

To submit a request for work adjustment consideration, you will be required to submit documentation from you or your household member's medical provider certifying that you or your household member meet the criteria for being vulnerable and at high risk. Details regarding any underlying medical conditions are not required and should not be provided as part of this process. Any medical certifications provided will remain confidential and will be reviewed for approval by Rowena D'Souza, the College's employee HIPAA privacy official and coordinator for employee ADA accommodations. Once completed, upload this form to the [Vulnerable Population Work Adjustment Request](#) or via email COVIDVulnerable@montgomerycollege.edu or fax to 240-567-4431.

Employees who are personally at high risk for COVID-19:

I hereby certify that _____ has a medical condition that makes
(Employee Name)

him/her vulnerable and is personally at high risk for serious illness due to COVID-19.

Employees living with a family member or is a primary caregiver for someone who is at high risk for COVID-19:

I hereby certify that _____ lives with or is the primary caregiver for
(Employee Name)

_____ who is at high risk for serious illness due to COVID-19.
(Family Member Name)

Physician Signature

Date

Physician Office Official Stamp