

MADISON METROPOLITAN SCHOOL DISTRICT

REASONABLE ACCOMMODATION REQUEST FORM & DOCTOR CERTIFICATION

Health & Safety Mitigation Strategies

MMSD has taken the health & safety of all staff and students seriously. Engaging in in-person learning while the virus causing COVID-19 remains in circulation with no vaccine available requires thoughtful considerations and carefully detailed planning. The following health & safety mitigation strategies are enforced across the school district:

- 6 foot social distancing within all classrooms and workspaces. Desks and workspaces will be no closer than 6 feet apart.
- Plexi-glass barriers installed and available when social distancing is limited.
- Hallway traffic patterns to ensure social distancing is maintained.
- All staff and students are required to wear masks (2-layer cloth masks are mandated) and additional PPE provided to medical personnel.
- Frequent hand washing as well as hand-sanitizer stations available throughout buildings.
- Frequent high-touch cleaning as well as nightly deep cleaning protocols.
- Daily symptom screening completed by staff and students prior to entering buildings. If staff/students exhibit any symptoms, they are unable to enter the building.
- Contact tracing completed by district trained nurses in the event a staff or student tests positive for COVID.
- Health & safety training is completed by all staff, including cough and sneeze etiquette.

Directions: Employees should complete the Employee Information section and the healthcare provider completes the remainder of the form. Please return to Heidi Tepp (htepp@madison.k12.wi.us) as soon as possible.

EMPLOYER INFORMATION

Madison Metropolitan School District	Phone: 608-663-1692
545 W Dayton Street, Room 133, Madison, WI 53703	Fax: 608-204-0346

EMPLOYEE INFORMATION (to be completed by the employee)

Name	
Home/Cell Phone	
B Number	

ACCOMMODATION INFORMATION (The treating licensed medical provider should complete the section below to identify the accommodations needed for the employee to work)

Diagnosis			
Accommodation	<p>The accommodations listed below are:</p> <p><input type="checkbox"/> Preferred for in-person instruction</p> <p><input type="checkbox"/> Required for in-person instruction</p> <p>.....</p> <p><input type="checkbox"/> Full duty with the mitigation strategies referenced above as of _____ (date)</p> <p><input type="checkbox"/> Full duty with the mitigation strategies referenced above as of _____ (date) AND: Additional PPE (examples include a face shield, surgical mask, gown). Please list the additional PPE:</p> <p>_____</p> <p>Other. Please list below:</p> <p>_____</p> <p><input type="checkbox"/> Other _____ through _____ (date)</p> <p>Comments:</p>		
Physician Name	Facility Name		
Facility Address	Facility Phone Number		
Physician Signature	Date		