



**Medical Accommodation Form for  
Mandatory COVID-19 Quarantined Employees - Medically Cleared to Perform Remote Work**

Please use this form to request consideration to perform remote work if you have been mandatorily quarantined or diagnosed with COVID-19 and are medically authorized to perform remote work.

Employees are required to isolate as follows:

- **COVID-19 diagnosis:** If confirmed positive for COVID-19 you must isolate until at least 5 days have passed since symptoms first appeared , AND you have improvement in respiratory symptoms (e.g., cough, shortness of breath); AND at least 24 hours of no fever without the use of fever-reducing medication AND receive clearance to reenter campus by a member of the USAHS Reentry Team.

**Section A: To be completed by Employee.  
Please return to HR ([hr@usa.edu](mailto:hr@usa.edu)) upon completion of Section B.**

Name of Employee:

Job Title:

Work Location:

Ph:

Work Email:

Supervisor Name:

**1. What is your current status?**

\_\_\_\_\_ **I received a positive COVID-19 test result.**

Date of test/specimen collection: \_\_\_\_\_

Date positive test results received: \_\_\_\_\_ Please upload test results here:

\_\_\_\_\_ **I am currently experiencing COVID-19 related symptoms.**

Date you first exhibited symptoms: \_\_\_\_\_

\_\_\_\_\_ **I have been directed to quarantine or isolate.**

Date quarantine/isolation begins: \_\_\_\_\_

Date quarantine/isolation ends: \_\_\_\_\_

**2. What date were you last on a USAHS Campus? \_\_\_\_\_**

**3. What campus did you last visit? \_\_\_\_\_**

**4. What date are you next scheduled to return to campus? \_\_\_\_\_**



**Employee Comments:**

**To qualify for Medical Accommodation Quarantine Status:**

I certify that I am presently impacted by mandatory quarantine or isolation orders related to COVID-19 and continue to be able to perform my job duties via remote work and request consideration for such.

I acknowledge I will be required to obtain medical certification documenting my mandatory quarantine or isolation status (unless specifically directed otherwise by a member of the USAHS Reentry Team) and understand the University will honor my request trusting verification is received within 10 calendar days.

**To Return to Campus:**

I understand I may not access campus until authorized by a member of the USAHS Reentry team and I may be required to submit medical authorization if requested by a reentry team member prior to resuming on-site/campus-based work.

*(Note: Medical authorization excludes employees working in the City of Dallas as per local regulations. Employees working in the City of Dallas may be asked to self-certify that they have consulted with a medical provider and have medical authorization to return to campus prior to returning.)*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: CERTIFICATION FROM PHYSICIAN/HEALTH CARE PROVIDER**

**To qualify for Medical Accommodation Quarantine Status:**

Unless directed otherwise by a member of the USAHS Reentry Team, Employee is required to obtain medical certification documenting mandatory quarantine status within 10 calendar days.

For completion by the health care provider:

**Please answer the questions below or provide a letter or verification addressing the following:**

Employee Name:



1. Is this individual currently mandatorily medically quarantined or isolated related to COVID-19?  
\_\_\_\_\_Yes \_\_\_\_\_No

2. If yes, is the employee medically authorized to perform remote work from a quarantined/isolated location?

\_\_\_\_\_Yes \_\_\_\_\_No

3. Date Quarantine to Begin: \_\_\_\_\_

Anticipated Date Quarantine to End: \_\_\_\_\_

Name of Health Care Provider: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_



Human Resources Manager Review:

Does this request comply with USAHS COVID-19 guidelines?

Yes

No (Discuss with HR Leadership)

Final Resolution:

Date authorized return to work on-site/campus: \_\_\_\_\_

HR Manager Name:

HR Manager Signature:

Date:

(Note: This form will be kept confidential and separately from the employee personnel file. This accommodation does not require manager approval.)

cc: Manager