

Employee Name: _____

Job Title: _____

Description of Work: Employee is employed by the Louisiana Department of Education located in the Claiborne Building in Baton Rouge. The employee's work is performed in an office setting and the following precautions are in place:

- Masks must be worn upon entering and leaving the building, anytime the employee is away from his/her desk, and when in common spaces such as halls, walkways, stairwells, elevators, kitchens, break rooms, meeting rooms, and restrooms.
- Employees must maintain a minimum distance of six feet from others at all times.
- Elevator occupancy is limited by building management to four persons.
- In-person meetings are limited. Telephones, teleconferences and video conferencing are used to the extent practicable. In person meetings are limited in duration and to the number of attendees necessary to satisfy the six feet distancing rule. Masks are required.

Individual at Higher Risk: Individuals at higher risk for severe illness from COVID-19 are those age 65 and older and individuals with certain underlying health conditions as designated by the CDC and listed in Proclamation No. 117 JBE 2020, which provides as follows:

Those individuals who are at higher risk of severe illness, as designated by the Centers for Disease Control (CDC), are those with conditions such as asthma, chronic lung disease, compromised immune systems (including from smoking, cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, or use of corticosteroids or other immune weakening medications), diabetes, serious heart disease (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and hypertension), chronic kidney disease undergoing dialysis, liver disease, or severe obesity or those who are 65 or older.

To be completed by the Health Care Provider

Health Care Provider's Name: _____

Health Care Provider's Address: _____

Type of practice / Medical specialty: _____

Telephone: _____ Fax: _____

1. Does the named employee have an underlying medical condition deemed to be high risk for severe illness from COVID-19 as determined by the CDC/Governor's Proclamation and listed above? Yes No
2. If yes, please provide the medical diagnosis of the underlying condition (as identified by the CDC/Governor's Proclamation) for this employee.

Signature of Health Care Provider

Date

Health Care Provider Returns this form to LDOE Human Resources

Employer Contact: Tangla Washington

Phone: (225) 342-5177

Fax: (225) 342-1499

Job Title: Human Resources Manager

Email: Tangla.washington@la.gov