

## **Employee COVID Consultation Request Form**

**This form should be used for conditions that are considered high-risk for COVID per the CDC guidelines and other conditions for which an employee is seeking adjustments.**

By initiating the employee COVID adjustment process, you give Midwestern State University (MSU) permission to explore employment related reasonable accommodations. All information obtained from medical examinations and inquiries will be job-related and consistent with business necessity and will be maintained and used in accordance with the Americans with Disabilities Act, as amended (ADA), and all applicable state and federal laws, or under the provisions of any similar and appropriate sections of succeeding ADA laws.

ADA related medical files are kept separate and apart from the location of personnel files, and access is limited to those personnel involved in the implementation of workplace adjustments. By considering this request, the University does not consider or regard the person as having a disability as defined by the ADA, or any other applicable law.

Employee will need to submit medical documentation that identifies current status, diagnosis, treatment plan and prescribed current medications on official letterhead from medical health professional.

**Directions: Please fill out the following information on the next page.**

Employee Name: \_\_\_\_\_

M#: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Campus Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Campus Location (building and office number): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Describe the work you do:

Identify your physical and/or mental impairment(s) for which you are requesting an adjustment(s) and expected duration of the impairment(s):

Explain how the impairment(s) listed above affects your ability to perform the essential function(s) of your job:

List the adjustment(s) you are requesting in order to perform your essential job functions:

Include a copy of your job description.

**Please complete this form in its entirety and submit it to:**

**MSU Texas  
Disability Support Services  
Clark Student Center, Rm 168  
3410 Taft Blvd.  
Wichita Falls, TX 76308  
Phone: (940) 397-4140  
Fax: (940) 397-4180  
Email: [disabilityservices@msutexas.edu](mailto:disabilityservices@msutexas.edu)**