***GREENVILLE PUBLIC SCHOOL DISTRICT***

***IDENTIFYING/ADDRESSING STAFF UNDERLYING HEALTH CONDITIONS***

***As we deal with Covid-19 and its complications, we want to ensure that if staff are having health issues within the workplace setting, their concerns will be addressed and handled confidentially and expeditiously. To assist us in this endeavor, please complete the following questions.***

*Employee Name*

*School Site/Department*

1. *Do you have an underlying health condition that might put you at a higher risk of negative health outcomes due to Covid-19?*
   1. *Yes*
   2. *No*
2. *If no, thank you for taking the time to respond to this questionnaire.*
3. *If yes, please list your illness(es).*
4. *Does your underlying health condition make it impossible for you to work or return to work?*
   1. *Yes*
   2. *No*
5. *If yes, what accommodations are needed from the district to assist you in carrying out your work duties or assignment?*
6. *Will you provide the required documentation from your medical provider to back up your request for special accommodations?*
   1. *Yes (Provide documentation)*
   2. *No*