

**Princeton Public Schools
Accommodation Reconsideration Medical Certification**

Employee Name: _____ Position: _____ Building: _____

Recently, your patient applied for a “work from home” accommodation due to COVID-19 concerns. As of this time, that work from home accommodation has been denied as the Princeton Public Schools believe that we are able to accommodate your patient in a variety of other ways. Please review the procedures taking place in our schools as well as types of accommodations we are able to provide your patient below:

- 1) Temperature Checks and Health Screenings – These are taking place daily for staff and students prior to entering any building
- 2) Class sizes are being cut in half, as compared to typically sized classes. Social distancing measures are implemented.
- 3) Personal Protective Equipment is being provided, including:
 - a. *Masks* – All staff members must wear masks. Your patient can choose to wear one of their own or we will provide masks for them. Your patient can be provided with cloth masks, ASTM-II medical grade masks, or N95 masks.
 - b. *Face shields* – If your patient wants an additional level of protection, one will be provided.
 - c. *Hand sanitizer* – Hand sanitizer is provided in all rooms.
 - d. *Plexiglass barriers* – Your patient can have this at their desk.
 - e. *Additional PPE for hyper specific situations* – By request, we can also provide, gowns, lab coats, and gloves if medically necessary.
- 4) HVAC upgrades - When it comes to HVAC systems, at two of our buildings, Johnson Park and Princeton High School, we are installing MERV 8 filters, and at our four other buildings, Princeton Unified Middle School, Riverside, Littlebrook, and Community Park, we are installing MERV 13 filters.

The big addition to our HVAC system isn't the MERV filters. It is technology called Needlepoint Bipolar Ionization (NPBI). NPBI makes MERV filters work better as MERV 8 go from 11% virus control to 84% virus control and MERV 13 go from 46% virus control to 97% virus control.

Based upon your patient’s request to review their case again, we wanted you to know all of the accommodations that we have committed to providing. After your review, if you believe it is a medical necessity for them to work from home, please sign, date and provide your office stamp after the statement below:

I certify that the accommodations listed above, as well as other potentially similar mitigating measures, are not sufficient enough for my patient to return to work on-site. Due to their own personal underlying medical condition(s), the only way that they can fulfill their responsibilities is to work from home. It is medically necessary for them to do so.

Doctor’s Name (printed)

Signature

Date

Office Stamp: