



FREDERICK COUNTY GOVERNMENT

DIVISION OF FIRE & RESCUE SERVICES

Emergency Services Section

Jessica Fitzwater
County Executive

Thomas E. Coe, Chief
Kenneth L. Poole, Deputy Chief

RECRUIT TRAINING ACADEMY MEDICAL ACCOMMODATIONS REQUEST FORM

Frederick County Government is committed to providing appropriate and reasonable workplace accommodations to enable all employees to perform at their full potential, enjoy all aspects of employment, and execute the functions of their position efficiently and safely. We appreciate your request for accommodation, and we look forward to working with you to find the best solution. FCG is an equal opportunity employer and prohibits discrimination, harassment, and retaliation. FCG follows all laws and requirements regarding workplace accommodations.

If you are requesting accommodation(s) due to a medical condition, please complete and submit this form (with supporting medical documentation) to your recruit class commander or lead instructor as soon as you are aware that accommodation may be necessary. Please note that requests are reviewed on an individualized basis by Division leadership in conjunction with Human Resources, and assessment generally takes a minimum of two (2) weeks. **To prevent delay in your participation in training activities, you are encouraged to submit your request several weeks before the beginning of the recruit training academy or several weeks prior to the start of any specific activity for which you are requesting accommodation.** Due to the nature of the academy's academic calendar, requests submitted later may result in delay of or missed training activities. This may result in the failure to complete program requirements.

As part of this process, Division leadership may schedule an interactive meeting with you to review your restrictions, training duties, and any possible and reasonable accommodations. To ensure the best outcome, you may be required to provide additional medical information. Your participation and ongoing communication are required throughout this process. You are responsible for submitting all required information promptly. It is your responsibility to let us know immediately if your needs change or if you receive updated medical information relevant to your request.

Please note that certain accommodations may not be reasonable given the physically demanding, emergency response, and safety-sensitive nature of essential duties. For example, a reader may not be provided to assist with testing if the testing addresses skills that must be performed independently, or if the ability to read the material unaided is an essential function. As another example, long-term lifting restrictions may not be accommodated if essential functions require performing those physical activities independently.

Please note the following requirements:

- Medical documentation must be signed by a health care provider and must have been issued within the last year. (Based on the circumstances, an exception may be made to review documentation issued prior to the past year.)
- Medical documentation must describe the following in detail:
 - The nature, severity, and duration of the condition(s) impacting the employee's ability to perform the functions of their position/training (diagnosis information is not required);
 - The nature and duration of any work-related limitations or restrictions, including work/training functions the employee is unable to perform and why;
 - Any possible accommodations (for example: extended time or reduced distraction for exams; special equipment; modified duties; or a leave of absence), including explanation of how the accommodation supports work/training performance;
 - Any other information relevant to the employer's assessment of the employee's status and provision of accommodations.
- Educational IEP (Individualized Education Program) documents, developed for educational purposes, may be considered if issued within the last three (3) years. They must be accompanied by medical documentation issued within the last year confirming the continued need for accommodations and detailing the information listed above.
- For any current medical appointments addressing accommodation, you are required to give your health care provider a list of job duties, which can be obtained from your recruit class commander/lead instructor or from Division leadership.
- Please note that any accommodation request, assessment, and decision applies only to your time as a recruit in the training academy. Upon successful completion of the academy, workplace accommodations for continued employment are required to be submitted and assessed separately.
- Please print legibly or type.

Frederick County: Rich History, Bright Future

5370 Public Safety Place, Frederick, MD 21704 • 301-600-1780 • Fax 301-600-2592

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Please describe the nature of the activities for which you are requesting accommodation(s) (for example: written tests; certain physical activities):

Please describe the specific accommodation(s) that you are requesting:

Please describe the duration of time for which you are requesting accommodation(s) (for example: one-time request; number of weeks; number of months; entire duration of the recruit training academy)

Requester's full name: _____

Requester's address: _____

Day phone: _____ Evening phone: _____

Information about Health Care Provider(s) providing supporting documentation: (if more than one Health Care Provider, please attach additional sheets)

Health Care Provider name: _____

Health Care Provider's area of practice/medical specialty: _____

Health Care Provider address: _____

Health Care Provider phone: _____

Health Care Provider email: _____

In understand that additional information from my Health Care Provider(s) may be necessary for my employer's assessment of my accommodation request. By signing below, I authorize my employer, Frederick County Government, to contact my Health Care Provider(s) regarding information addressed in the supporting medical documentation that I am providing with this form. I understand that I may be required to provide my Health Care Provider with a release to provide information to my employer, and I agree to provide that release. I understand that any concerns or complaints about accommodation, discrimination, or other workplace concerns can be directed to Division leadership or Human Resources.

Requester signature: _____

Date: _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive service.

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