



Employee Name: _____

DSW# _____

Dear Health Care Provider:

Pursuant to San Francisco’s local Public Health Emergency Leave Ordinance¹, employees who are members of a Vulnerable Population may take leave during declared Air Quality Emergencies if their healthcare provider advises them not to work outdoors due to their medical conditions. The Ordinance defines Vulnerable Population as, “a person who has been diagnosed with heart or lung disease; has respiratory problems including but not limited to asthma, emphysema, and chronic obstructive pulmonary disease; is pregnant; or is age 60 or older.”

Please complete this form to assist the City and County of San Francisco in accommodating the above referenced employee.

CERTIFICATION OF VULNERABLE CONDITION

1. Date of your last examination of the employee named above: _____

2. I am a health care provider duly licensed to practice medicine in this jurisdiction. I certify that the employee named above has been diagnosed with one or more of the following vulnerable conditions (check all that apply):

- Heart Disease Lung Disease Asthma
- Emphysema Chronic Obstructive Pulmonary Disease Pregnancy

Other _____
(Please explain limitations but do not disclose the diagnosis)

3. This condition is:
 Temporary, expiring on: ___/___/20___, or when (*describe condition(s) for termination of medical advice*)

Permanent

I certify the above information to be true and accurate, and I also certify that this employee cannot work outdoors during a declared Air Quality Emergency.

Health Care Provider's Signature

Date

Print Name

License No.

Phone Number

Area of Practice

¹ San Francisco Police Code, Article 33P, Sections 3300P.1 through 3300P.14.