

**STATE OF HAWAII- EXECUTIVE BRANCH
PHYSICIAN'S CERTIFICATION FORM
FOR
SAFETY SHOES**

Background information: The State of Hawaii Executive Branch Agencies, "Employer" provides personal protective footwear (i.e. safety toe shoes) through an agreement with the Employee Union to State employees who are required to wear safety shoes as identified by the employers' hazard assessment for foot protection (attached). The employee is required to wear personal protective footwear as determined by the employer. Your patient identified below is required to wear safety shoes and is requesting a medical accommodation because of a medical condition. Please complete this certification form and identify what your patient can wear to comply with the employer's requirements.

Part 1: To be completed by Department's Human Resources Office

EMPLOYEE: _____ DEPARTMENT: _____
 JOB TITLE: _____ DIVISION: _____
 BRANCH: _____ ISLAND: _____ PHONE: _____

Part 2: To be completed by Department's Human Resources Office
APPROVED FOOTWEAR FOR POSITION (Based on Hazard Assessment)

SAFETY SHOE FEATURES: _____

Part 3: To be completed by employee's physician

REASON FOR REQUESTING ACCOMMODATION:

RECOMMENDATION FOR PERSONAL PROTECTIVE FOOTWEAR (i.e. overshoes, metatarsal guards, safety shoes with wider toe box, padded toe collar, etc.):

PHYSICIAN: (PRINT) _____ SIGNATURE: _____ DATE: _____

ADDRESS: _____ Phone number: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REVIEWED AND APPROVED BY: _____

DEPT. HUMAN RESOURCES OFFICER OR DESIGNEE

DATE