

City of Columbia Police Department
MEDICAL RELEASE/PHYSICIAN'S STATEMENT
SKIN CONDITIONS AGGRAVATED BY SHAVING MEDICAL EXEMPTION FORM

Section I – To Be Completed by Patient/Employee

Name of Patient/Employee:	Date of Birth:	<u>Current Assignment:</u>
Employee Address:	Telephone No.:	Payroll Number:
Employer Name:	Telephone No.:	Fax No.:
Employer Office Address/Mail:		

Section II – To Be Completed by Physician

The patient named is an employee or prospective employee with the Columbia Police Department. He is seeking to be exempted from the the City of Columbia Police Department's General Order regarding facial hair. Employees of the Columbia Police Department are not permitted to have facial hair beyond a mustache unless they are exempt by the Department. The Department may grant an exemption to those employees who have a skin condition aggravated by shaving. In this case the employee is required to submit to the department physician certification of such condition every year. The patient named above claims a skin condition aggravated by shaving. Please complete this form, after completion, you may give it to the patient or mail it to the employer at the address in Section I. Please address the letter to the attention of the Human Resource Unit.

Part A – Skin Condition Prognosis

What is the patient's skin condition prognosis? Please indicate **one** of the following:

- a. The skin condition aggravated by shaving is permanent.
- b. The skin condition aggravated by shaving is not permanent but is expected to last **more** than 90 days.
- c. The skin condition aggravated by shaving is not permanent but is expected to last **less** than 90 days.

To what extent is the individual able to shave? Please indicate **one** of the following:

The patient is able to clean shave facial hair

- a. every day without aggravating their skin condition
- b. at least twice a week without aggravating their skin condition
- c. the patient is unable to clean shave facial hair without aggravating their skin condition. They can, however, maintain a full beard that does not exceed 1/8 inch in length.
- d. the patient is unable to clean shave facial hair without aggravating their skin condition. They can, however, maintain a full beard that does not exceed 1/4 inch in length.
- e. other (Please specify in the notes below)

Part B – Notes

Please indicate any additional conditions or restrictions related to this prognosis?

Section II continued - To Be Completed by Physician

Part C – Diagnosis

Primary diagnosis regarding the patient's skin condition aggravated by shaving:

Secondary diagnosis:

Comments:

Name of Physician: (Please type or print)

Signature – Physician:

Date:

Office Address: (Street or P.O. Box, City, State, ZIP)

Telephone Number: (Include Area Code)

Section III – To Be Completed by Patient/Employee

Patient's Name: _____

The Columbia Police Department is requesting verification of the medical condition that limits your ability to comply with General Order 03.04 section 14. When you sign this authorization, you are giving the Department permission to contact your doctors, medical facilities, or other health care providers to request copies of your health information in relation to any skin conditions aggravated by shaving. This form and your signature is required to receive consideration for an exception to the General Order. An exception also requires the completion of the Personal Grooming General Order Exemption Form (Shaving Waiver) and the signature of the Chief of Police.

I authorize/ _____
Doctor, Medical Facilities, or other Health Care Providers

to complete this form, and release the information to the Columbia Police Department for purposes of verifying the medical condition that affects my ability to shave in accordance with the Department's General Orders.

The authorization expires on: _____

Notice to Patient/Employee

The Columbia Police Department, as receiver of this information, will protect your personal health information in accordance with federal and state privacy regulations. If you authorize release of your health information to other parties it may no longer be protected by privacy regulations. You can withdraw permission you have given your doctor or health care provider to use or disclose health information that identifies you, unless they have already taken action based on your permission. You must withdraw your permission in writing. Note that by withdrawing such permission from the Department, your exemption from the General Order regarding Hair Styles, Sworn Personnel is void.