

**STATE OF HAWAII- DEPARTMENT OF EDUCATION
PHYSICIAN'S CERTIFICATION FORM
FOR
SAFETY TOE SHOES**

Background information: The State of Hawaii Executive Branch Agencies, "Employer" provides personal protective footwear (i.e. safety toe shoes) through a solicited price list contract to State employees who are required to wear safety toe 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 toe shoes and is requesting a deviation from the price list contract because of a medical condition. Please complete this certification form and identify what your patient is able to use to comply with the employer's requirements.

Part 1: To be completed by School Administrator, State Office Supervisor or designee.

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

Part 2: To be completed by School Administrator, State Office Supervisor or designee.

APPROVED FOOTWEAR FOR POSITION (Based on Hazard Assessment)

VENDOR: _____ BRAND: _____ COST: _____
 STYLE: _____ SIZE: _____
 SHOE FEATURES: _____

Part 3: To be completed by employee's physician

REASON FOR REQUESTING DEVIATION FROM PRICE LIST:

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

PHYSICIAN: (PRINT) _____ SIGNATURE: _____

ADDRESS: _____ Phone number: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REVIEWED AND APPROVED BY: _____

School Administrator, State Office Supervisor or designee. **DATE**

Forward copy to Civil Rights Compliance Office.