

**STATE OF HAWAII - UNIVERSITY OF HAWAII
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 the System or Campus Human Resources Office

EMPLOYEE: _____ System or Campus: _____
 JOB TITLE: _____ Office, College, or Department: _____
 ISLAND: _____ PHONE: _____

Part 2: To be completed by System or Campus Human Resources Office

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: _____

System or Campus HUMAN RESOURCES OFFICER OR DESIGNEE DATE