EMORY COVID-19 ATTESTATION FORM

FAX: 404-712-5205

I, ______________________________, hereby attest I am unable to return to work on campus on ________________ (date) for the following reasons: (select all that apply)

_______ I am in a vulnerable category identified by the CDC.

_______ I have household member(s) who are at high-risk for serious complications from COVID-19.

The CDC has identified those individuals at high-risk for severe illness from COVID-19 are:

- People 65 years and older,
- People of all ages with serious underlying medical conditions including:
  - Chronic lung disease or moderate to severe asthma
  - Serious heart conditions
  - Those with a compromised immune system,
    - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
  - Severe obesity (body mass index [BMI] of 40 or higher)
  - Diabetes
  - Chronic kidney disease undergoing dialysis
  - Liver disease

I understand that my request will be reviewed, and if remote work and/or paid leave is not available, I may be placed in an unpaid status.

OTHER and/or Explanation of information provided above:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
*I will promptly notify my manager if there is any substantial change in these circumstances.

Employee Name: ________________________________________________

Employee Signature: ___________________________________________

Employee ID#: ________________________________________________

Today’s Date: ________________________________________________