



**EMORY**  
UNIVERSITY

Human Resources

## Employee Household Member COVID-19 Medical Exemption Request Form

Date of Request: \_\_\_\_\_

Note if Faculty or Staff: \_\_\_\_\_

School or Business Unit: \_\_\_\_\_

### Employee Information

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
Last First MI

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

### Work Information

Employment Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Work Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Relationship of Household Member to Employee and Reasons for Accommodation**

- Spouse/Partner       Child/Children       Parent/In-Law       Other

- Has the household member received the COVID-19 vaccination?     Yes     No
- If the household member has NOT received the COVID-19 vaccination, is the household member scheduled to receive the COVID-19 vaccination?       Yes     No

If the household member HAS NOT received the COVID-19 vaccination and/or DOES NOT plan do so, briefly describe why:

---

---

---

- Have you received the COVID-19 vaccination?       Yes     No
- If you have NOT received the COVID-19 vaccination, are you scheduled to receive the COVID-19 vaccination?       Yes     No

If you HAVE NOT received the COVID-19 vaccination and/or DO NOT plan do so, briefly describe why:

---

---

---

Do you have medical documentation from a Health Care Provider?       Yes (please attach)     No

Briefly describe the accommodation being requested:

---

---

---

**EMPLOYEE ATTESTATION AND CONSENT**

I, \_\_\_\_\_, attest that all the information provided above is accurate. I understand and accept that if there are additional questions that need to be answered about this exemption request, I may be contacted for follow up documentation and a release from the household member for Emory Human Resources (HR) to contact the household member's medical provider for additional medical information for the purpose of determining the employee's exemption from returning to campus based on the household member's increased risk of constricting severe illness from the virus that causes COVID-19, as defined by the Centers for Disease Control and Prevention (CDC).

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**RETURN FORM AND ANY RELEVANT MEDICAL DOCUMENTS TO HIPAA-COMPLIANT LINE:  
404-712-5205.**