



2. Do you consider this patient to be at a higher risk of severe illness from COVID-19 if our employee, whose relationship and living situation with your patient is described in the top portion of this form, returns to the workplace? **NOTE:** *This employee works in an [office/manufacturing/light industrial] setting. Auburn University is following all CDC recommendations for such a workplace, and it is also following the orders and recommendations issued by state and local authorities.*

\_\_\_\_\_ YES \_\_\_\_\_ NO

3. Do you believe that it is **medically necessary** for our employee to continue working remotely to reduce the risk to your patient? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered "YES," please indicate how long you believe it will be medically necessary for the employee to continue working remotely, by providing an estimated end date. **NOTE:** *While we recognize the uncertainties of the current pandemic, please note that an "indefinite" designation or failure to answer this question entirely may lead to Auburn University's inability to consider our employee's request.* \_\_\_\_\_

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### SECTION III: CERTIFICATION—TO BE COMPLETED BY HEALTH CARE PROVIDER

I certify all of the information provided by me on this Form is true and correct to the best of my professional medical knowledge and opinion, and is based on my personal knowledge of the above-named patient's medical history and current status.

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Provider's Printed Name

Type of Practice/Medical Specialty: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Provider E-mail: \_\_\_\_\_

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### SECTION IV: APPROVAL OR DENIAL BY AU DEPARTMENTAL LEADERSHIP

Is this request approved or denied? \_\_\_\_\_ APPROVED or \_\_\_\_\_ DENIED

Please explain:

Signature \_\_\_\_\_ Title \_\_\_\_\_

**If you have any questions, and/or to return this form, please use the following contact information:**

**Auburn University Human Resources - Phone: 334-844-4145 - Fax: 334-844-8730**

**Email: [employeeel@auburn.edu](mailto:employeeel@auburn.edu)**