

Part 2 – To be Completed by the Employee's Medical Provider

Employee Name

Devonna Gray

Medical Certification for COVID-19 Vaccine Exception

Dear Medical Provider:

Auburn University at Montgomery requires its employees to be fully vaccinated against COVID-19. The individual named above is seeking a medical exemption to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist the University in its reasonable accommodation process. If you have questions about completing this form, please contact the University's Office of Human Resources at hr@aum.edu.

Please provide at least the following information, where applicable:

1. The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate: (a) whether it is recognized by the CDC pursuant to its guidance; and (b) whether it is listed in the package insert or Emergency Use Authorization fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States;
2. A statement that the individual's condition and medical circumstances relating to the individual are such that COVID-19 vaccination is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and
3. Any other medical condition that would limit the employee from receiving any COVID-19 vaccine.

Description of the medical condition for which the employee listed above should be excepted from complying with a COVID-19 vaccination requirement:

Monoclonal antibody infusion for COVID-19 Received on Aug. 30th, 2021. Per CDC guidelines she must wait 90 days from treatment to receive vaccine for COVID-19. December 1, 2021 is the first day she can receive the COVID-19 vaccine.

The condition described above is:



temporary



long-term

If this is a temporary condition or medical circumstance, when it is expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provided):

Medical Provider Name/Title

Lindsey Barton, CLNP

Medical Provider Signature

L. Barton, CLNP

Date

11/3/21

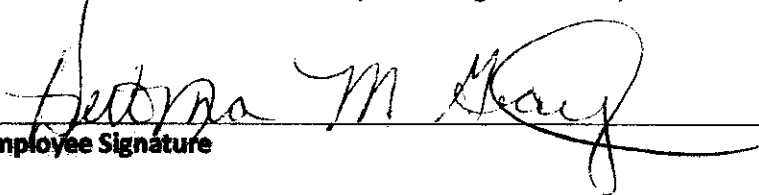
Please scan this form to hr@aum.edu or fax it to 334-244-3751

Part 1 – To Be Completed by the Employee

Employee Name DEVONNA Maria Gray		Date of Request 11/03/21
Department		Banner ID number 904218852
Position Line cook	Supervisor Michael Bennett	Phone Number (518) 364-4394

Medical or Disability Exception Request

I am requesting a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. I declare that the information I have provided is true and correct to the best of my knowledge and ability.


Employee Signature

Print Name DEVONNA Maria GRAY	Date 11/3/2021
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