

IMMUNOCOMPROMISED RESIDENT HOUSEHOLD MEMBER CERTIFICATION - STAFF



The University of Texas at Austin

FOR COMPLETION BY EMPLOYEE

This form must be completed in its entirety by your resident household member's healthcare provider and returned to [Human Resources – Benefits and Leave Management](#) within 15 calendar days. Failure to provide a complete and sufficient medical certification may result in the delay or denial of your Alternative Flexible Work Arrangement request. *By submitting this form to their healthcare provider, your resident household member authorizes that provider to release the completed form to the administrators of the Alternative Flexible Work Arrangement program at the University of Texas at Austin.*

UT Austin Employee's Name:	EID:
Patient's/Resident Household Member's Name:	Date:

FOR COMPLETION BY THE HEALTH CARE PROVIDER

Eligibility for Flexible Work Arrangement

1. Which of the following medical conditions apply to the patient listed above? (please check all that apply)

Solid organ transplants or stem cell transplants;

Currently in cycle for chemotherapy or cancers associated with immune deficiency (leukemias and lymphomas);

Chronic inflammatory diseases treated with systemic corticosteroid therapy > 20mg prednisone daily, immunomodulator medications, and/or biologic agents;

Primary immune deficiency disorders;

Sickle cell disease; or

Surgical asplenia

2. Should the patient listed above limit their contact with others due to the increased risk of COVID-19 associated with the medical conditions listed above?

Yes

No

Health Care Provider Printed Name

Type of practice/Medical specialty

Health Care Provider Signature

Date

Completed forms should be submitted to Human Resources – Benefits and Leave Management.