



COVID-19 Face Covering Exemption Request Form

Effective July 15, University System of Georgia institutions will require all faculty, staff, students, and visitors to wear an appropriate face covering while inside campus facilities/buildings where six feet social distancing may not always be possible. Face covering use will be in addition to and is not a substitute for social distancing.

Face coverings are not required when alone in an enclosed office or in campus outdoor settings where social distancing requirements are met. Anyone not using a face covering when required will be asked to wear one or must leave the area. Repeated refusal to comply with the requirement may result in discipline through the applicable conduct code for faculty, staff or students.

[CDC](#) recognizes that wearing cloth face coverings may not be possible in every situation or for some people. Based on the information from the CDC, reasonable accommodations may be made for those who are unable to wear a face covering for documented health reasons.

To request an exemption from the requirement to wear a face covering, faculty and staff must complete this request form and submit to AU_HR_CONFIDENTIAL@augusta.edu or by fax at 706-721-1996. Should you need assistance with the process or form, please contact Chris Hunt by telephone, 706-721-3836 or email, chunt@augusta.edu.

EMPLOYEE INFORMATION

Employee Name:	Employee ID #:
Employee Job Title:	Employee Department:
Employee Phone Number:	E-mail:
Immediate Supervisor Name:	Supervisor E-mail:
Department Chair/Director (if different from immediate supervisor):	

VOLUNTARY DISCLOSURE OF REASON NOT TO WEAR A FACE COVERING:

What CDC circumstance or underlying medical condition prevents you from wearing a face covering?

DIRECT PATIENT CARE

Does your current position/job duties include direct patient care? Yes No

→ If yes, you will be referred to Employee Health for further evaluation. A copy of the document will be submitted on your behalf. A representative of Employee Health will contact you for an appointment.

REQUESTED TYPE

This is a (*choose one*): New request for face covering exemption.
 Request for a face covering exemption based on current ADA Accommodation.
→ To update an existing accommodation, you will need to contact Antionette Lewis at 706-721-7285 or anlewis@augusta.edu to continue the current [AU ADA Process](#).



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What specific accommodation are you requesting? Please select from the options below:

Not required to wear a face covering.

Other: _____

Exemption duration requested - Begin Date

End Date

ALTERNATE PRECAUTIONS

What alternative precautions will you take to protect yourself and others?

CERTIFICATION of HEALTH CARE PROVIDER – Attach one of the following

Health Care Provider Statement

Other Supporting Documentation (Record of diagnosis or other supporting documents)

PHYSICIAN CONTACT INFORMATION: The physician may receive communication from the institution HR requesting information on the health condition you have cited as your reason for requesting an exemption to the face covering requirement.

Physician's Name:

Physician's Email Address:

Physician's Telephone #:

Physician's Address:

Physician's Fax:

EMPLOYEE AUTHORIZATION

I authorize a representation of the Office of Human Resources to communicate directly with my health care provider for confirmation of underlying health condition and clarification regarding my need for this request for an exemption.

Employee Signature: _____ Date: _____

EMPLOYEE CERTIFICATION

I certify that the above information is accurate and complete. I understand that I must contact the office of Human Resources regarding any changes or deviations to this request once submitted.

Employee Signature _____ Date _____



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EMPLOYEE HEALTH RESPONSE (If applicable)

Employee Health appointment date: _____

MD determination:

- the request is supported by Employee Health
- the request is supported by Employee Health with the following modifications: _____

- the request is not supported by Employee Health

Name of Employee Health Representative: _____

Signature of Employee Health Representative: _____ Date: _____

HUMAN RESOURCES RESPONSE

On _____ we received your request for an exemption to wear a face covering and the required documentation (if applicable).

After our review and coordination with you department, the exemption is:

- Approved Denied Modified as outlined: _____

Notes: _____

Name of Institutional Representative:

Signature of Institutional Representative:

Date: