

Duke Health CDC High-Risk Redeployment Attestation Form

Managers to email completed form to **designated entity HR representative (customize)** with Duke Health Temporary COVID-19 Work Modification Approval Form

Employee Name: _____ **Department:** _____
Job Title: _____ **Shift:** _____
Duke Unique ID: _____ **Licensure/Credentials:** _____
Work Entity/Location: _____
Employee's Email: _____ **Best Contact Phone #:** _____
Supervisor's Email: _____ **Supervisor's Phone #:** _____

As the COVID-19 epidemic spreads across the region, our healthcare team is on the front lines. Your safety and the safety of our patients are our top priorities. We understand there are certain traits that may place some people at higher risk for complications of COVID-19. According to the Centers for Disease Control and Prevention (CDC), as of April 2, (please refer to the [CDC site](#) for the most updated list going forward) these traits include:

- age 65 or older
- chronic lung disease or moderate to severe asthma
- serious heart conditions
- compromised immune systems*
- severe obesity (defined as body mass index [BMI] of 40 or higher)
- diabetes
- chronic kidney disease undergoing dialysis
- liver disease

By signing this document, you are confirming that you have one of the aforementioned **higher risk complications** or are **pregnant**. Please note that this does not guarantee work modification or redeployment. This information will help determine what appropriate roles may be available for modification or redeployment consideration.

Processing: Please sign and have your manager sign. Manager will complete the Duke Health Temporary COVID-19 Work Modification Approval Form, with information related to department's plan or options for redeployment. Then manager is to email both forms to the **designated entity HR representative (customize)**. Please reach out to Human Resources with any questions.

Employee's Signature

Date

Manager's Signature

Date

*Examples of a compromised immune system include:

- HIV infection with a CD4 count less than 200
- Solid organ transplant recipient on immunosuppressive medications
- Chemotherapy that can reduce the WBC
- Stem cell transplant recipient who has not fully engrafted OR who requires maintenance immunosuppression
- Pharmacological immunosuppression for autoimmune diseases; This includes prednisone or other corticosteroids, biologic agents such as TNF inhibitors (i.e. infliximab, adalimumab, etanercept), gamma interferon inhibitors, rituximab, and others; or other immunosuppressants including but not limited to mycophenolate, cyclosporine, tacrolimus, methotrexate. While gold and salicylates are immunomodulatory, they are not considered immunosuppressant
- Inherited immune deficiency states including antibody disorders such as hypogammaglobulinemia or agammaglobulinemia and mixed or cellular disorders such as common variable immunodeficiency
- Conditions associated with chronic neutropenia or lymphopenia