

PHYSICAL RETURN DECLARATION FORM

Student Name: _____
Student E-Sis Number _____
Student School Registration Number _____
Grade/Section _____
School Name: _____

Please answer the following questions by ticking the appropriate box (No or Yes):

1. Does your child have any of the following medical conditions classified as high-risk in relation to COVID-19? No Yes

- Cardiovascular disease
- Diabetes
- Lung disease; chronic lung conditions such as Asthma, COPD, lung fibrosis, cystic fibrosis and bronchiectasis
- Lung transplant recipients and other immunosuppressive therapies
- Cancer patients including those on treatment such as chemotherapy, radiotherapy or immune suppression
- People with blood malignancies such as lymphomas, leukaemia and multiple myeloma are most at risk
- Hypertension
- People on immuno-suppressants and immuno-modulators, including long term steroids
- People who have an organ transplant or a bone-marrow transplant
- Immuno-deficient individuals due to diseases such as HIV/AIDs or hereditary immunodeficiency disease, or those on immuno-suppressants
- Autoimmune diseases such as rheumatoid arthritis, systemic lupus, multiple sclerosis (MS) and inflammatory bowel diseases
- Chronic kidney disease
- Chronic liver disease
- Haematological disorders

Note: If you answered "Yes" to the above, please note that you will also need to sign and submit a "Medical Risk Undertaking" form on behalf of your child, supported by a certificate from a physician authorizing your child to physically return to school.

2. Has your child travelled internationally in the past 12 days? No Yes

Note: If you answered "Yes" to the question above, please note that you are also required to submit a "Travel Declaration Form" on behalf of your child.

3. Please provide any additional health related information you wish to share with the school's nurse:

I, the undersigned*, _____, hereby declare the following:

- That I consent to having my child attend school face-to-face/physically.
- That I will ensure that my child meets applicable PCR testing requirements in order to physically attend school.
- That I will ensure that my child meets applicable vaccination requirements in order to physically attend school.
- That I will screen my child for symptoms of COVID-19 (e.g., elevated body temperature, cough, body aches etc.) every morning and retain him/her at home in case they show any symptoms.
- That I will immediately report to the school if my child contracts COVID-19 or is a classified as a close contact of anyone who has contracted COVID-19.
- That I will ensure that my child abides by any testing, vaccination, and/or quarantine requirements that may be applicable to them as per the guidelines of the Abu Dhabi Department of Health and the National Emergency Crisis and Disasters Management Authority.
- That that the information that I have provided in this declaration form is accurate and complete.

In case any of the above information is found to be false, untrue, misleading, or misrepresenting, I am aware that I may be held liable.

If any of the above information about my child or household changes, I will immediately notify the school.

Signature: _____

Name of Legal Guardian/Parent: _____

Date: _____

*To be signed by the legal guardian/parent of all students below the age of 21.