

STUDENT COVID-19 MEDICAL RISK UNDERTAKING FORM

Student Name: _____

Student E-Sis Number _____

Student School Registration Number _____

Grade/Section _____

School Name: _____

The following medical conditions have been classified by health authorities as high risk during the COVID-19 pandemic period:

- 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

I, the undersigned, _____, declare the following:

- That I have one of the above high-risk medical conditions.
- That I understand the potential risk associated with my physical return to school.
- That I consent to physically returning to school.
- That I understand that my physical return to school is contingent on a physician's recommendation and have attached a physician's letter to this form.
- I am fully aware of the risks to my health and absolve the Abu Dhabi Department of Education and Knowledge, Abu Dhabi Department of Health and the school of any implications of my decision to return to school.



دائرة التعليم والمعرفة
DEPARTMENT OF EDUCATION
AND KNOWLEDGE



Signature: _____

Name: _____

Date: _____

(Provide a physician's letter to authorize physical return to school)