



Student COVID-19 Medical Risk Undertaking Form

Student Name: _____

School eSIS number: _____

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 my child has one of the above high-risk medical conditions.
- That I understand the potential risk associated with him/her physically returning to school.
- That I agree for my child to physically return to school.
- That I understand that my child's 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 child's 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 consent to my child's return to school.

Signature: _____

Name of Legal Guardian/parent: _____

Date: _____

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

