

Medical Assessment Letter

Date: _____ Student's Name: _____

To whom it may concern,

As directed in COVID-19 K–12 School Settings Guidance and Protocols, division level remote learning will be in place for students who are medically advised not to return to in-class learning due to COVID-19 related factors. These situations should be rare and limited to children with compromised immune systems or other medical conditions that increase their risk. Parents and caregivers must consult with a physician on the need for accommodation (Restoring Safe Schools: COVID–19 K–12 School Settings Practice Guidance and Protocols https://www.gov.mb.ca/asset_library/en/covid/k-12-reopeningplan-guidance.pdf)

Accordingly, I declare that I have confirmed the identity of this patient and have personally completed a medical assessment on them.

Results of Medical Assessment

- ___ This patient **has not been** diagnosed with a chronic medical condition and **is not** immunocompromised and can resume full participation in school, work, and school activities without restriction.
- ___ This patient or a family member living in their home **has been** diagnosed with a chronic medical condition and/or is immunocompromised with the following recommendation:

The patient and their immediate family have been instructed to avoid all public areas, including school, that could potentially place the patient at an increased risk of contracting COVID-19.

Other comments:

Yours Sincerely,

Signature/print _____ M.D. / N.P. (circle appropriate designation)

Physician Address: _____ Telephone number: _____