

19th August 2021

Dear Parent,

Attached are the Undertaking and Declaration Forms provided by ADEK to check the present medical condition of your child to fill in, print, and submit to the school before attending physical classes.

Thank you so much for your cooperation.

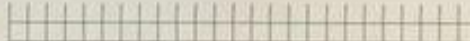
Regards,

Mr. Ernel

Name of Legal Guardian/parent:

Date:

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



Student COVID-19 Medical Risk Undertaking Form

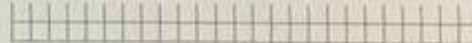
Student Name:

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:

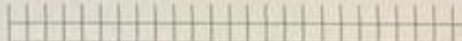
- That my child has one of the above high-risk medical conditions.
- That I understand the potential risk associated with him/her physically returning to school.
- That I agree for my child to physically return to school.
- That I understand that my child's physical return to school is contingent on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



Physical Return Declaration Form

Student Name:

School eSIS number:

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?
Yes

No

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 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.

