



Attending Physician's Statement (COVID-19: Accommodation request)

Employee's name _____

McGill ID # _____

I authorize the release of any information with respect to this request to my employer and/or his representative.

Employee's signature _____

Date _____

To the Attending Physician,

Your patient requested an accommodation due to COVID-19. McGill University implemented several measures to ensure the safety and well-being of its staff, in accordance with public health and CNESST directives. In order to assess this request, please answer the questions below.

VACCINATION (to be completed by attending physician)

- Is your patient fully vaccinated against COVID-19? YES NO
- If not fully vaccinated yet, will your patient be receiving remaining doses of the vaccine? YES, on NO
- If not, is there a medical condition preventing your patient from doing so? YES NO

MEDICAL CONDITION (to be completed by the attending physician)

Diagnosis and/or conditions making the patient at risk of complications if exposed to COVID-19:

The condition is considered: Light Moderate Severe

The condition is considered: Controlled Uncontrolled

Are there any additional risk factors or medical conditions to take into consideration?

Please indicate the current treatment plan for this/these condition/s and the beginning date:

Frequency of medical follow-ups for this/these condition/s: _____

What restrictions are preventing the patient from working on campus?

What conditions must be met for the patient to be able to work on campus? Please specify the anticipated duration of the restrictions.

What other accommodations would allow the patient to work on campus (for example, a closed workspace, flexible working hours, additional personal protective equipment, etc.)?

Other comments: _____

PHYSICIAN INFORMATION

Name _____ Licence # _____

Signature _____ Date _____

Address, phone #, and fax #, or clinic stamp