Confirmation of Illness Form for Field Placements

Please only complete this form if your absence is due to a clinical diagnosis of the novel coronavirus or if you are awaiting a test, or the result of a test.

In recognition of the increasing pressure on our medical clinics and hospitals due to the global health emergency, we will not, at the outset, require an Attending Physician's Statement if your absence is due to novel coronavirus symptoms, a clinical diagnosis of the virus, or a quarantine order.

In the absence of an Attending Physician's Statement, we require confirmation of your symptoms and any medical treatment you may have received for your condition. Accordingly, please complete and sign this form and return to isa.education@mcgill.ca

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Identification

Name: _____ ID: _____

Program: _____

Questionnaire

1. Date symptoms first appeared: _____ First day absent from field placement:_____

2. Please indicate the symptoms associated with your illness:

Fever	☐
Cough	☐
Difficulty breathing	☐

Please indicate any other symptoms you may have:

_____ _____

_____ _____

3. Do you have any other health problems that might affect your recovery (e.g. diabetes, heart disease, respiratory illness)?

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4. What event led to the potential exposure (e.g. travelled to an affected region, exposed to someone who is infected)?

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5. Did you receive services from :

	✓	Date of consultation	Recommendations received
Info santé	☐		
A physician	☐		
Clinic COVID-19	☐		
Other	☐		

6. Did you undergo a test for novel coronavirus? ☐ Yes ☐ No

   If so, what were the results? ☐ Positive ☐ Negative

   If the tests results have not been received, when are they expected? _____

   If not tested, why not? _____

7. Date the self-quarantine period started: _____

8. Scheduled end of quarantine: _____

9. Date of expected return to work: _____

10. Date of next visit with physician:_____

I certify that the statements in this form are true and complete and understand that further information may be required to validate my claim.

_____ _____ _____

Student signature Phone number Date

This form was adapted from CLHIA.