commission scolaire
DU LITTORAL

PERSONS AT HIGH RISK EXPOSURE TO COVID 19

REQUEST FOR REASSIGNMENT

THIS FORM IS FOR SALARIED EMPLOYEES WHO ARE ABLE TO WORK BUT BELONG TO A GROUP WHICH IS CONSIDERED BY PUBLIC HEALTH AUTHORITIES TO BE AT HIGHER RISK FOR SERIOUS COMPLICATIONS IF INFECTED WITH COVID-19, OR WHO RESIDE WITH A PERSON WHO BELONGS TO ONE OF THESE GROUPS

The School Board wishes to protect all staff and students from the risks associated with COVID 19. We are implementing effective protection measures and asking for everyone's cooperation with them. However, because some groups of people are at higher risk from COVID 19, special measures must sometimes be considered.
If you or a person who lives with you belongs to one of the groups identified by Québec public health authorities, we ask that you complete this form and return it to us as soon as possible.

IDENTIFICATION

LAST NAME:	**FIRST NAME:**
EMPLOYEE NUMBER:	**JOB TITLE:**
ADDRESS :	
TELEPHONE :	**DATE OF BIRTH:**

STATUS AS A PERSON AT HIGHER RISK

☐ **I belong to a group at higher risk**

☐ **I live with a person who belongs to a group at higher risk**

☐ **Spouse** ☐ **Parent**

☐ **Child Age:** _____ ☐ **Other specify :** _____

☐ Person **70 years or over**

☐ Person with an u**nderlying medical condition** (e.g. chronic respiratory disease, heart problems, kidney failure)

Specify diagnosis: _____

Specify treaments: _____

☐ Person with a **weakened immune system** (from chemotherapy, for example)

Specify the cause: _____

DO YOU HAVE ANY COMMENTS OR DETAILS YOU WISH TO ADD REGARDING YOUR REQUEST? (Optional)

ATTESTATION AND AUTHORIZATION	INITIALS
I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION PROVIDED IN THIS FORM IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.	
I AGREE TO PROVIDE THE SCHOOL BOARD WITH ANY REQUIRED SUPPORTING DOCUMENTS UPON REQUEST.	
I AUTHORIZE THE SCHOOL BOARD TO CONTACT MY PHYSICIAN OR MEDICAL CLINIC TO VALIDATE MY HEALTH INFORMATION IN THIS FORM.	
I UNDERSTAND THAT ANY FALSE DECLARATION MAY LEAD TO ADMINISTRATIVE OR DISCIPLINARY ACTION BY THE SCHOOL BOARD.	

EMPLOYEE SIGNATURE	DATE

Complete this form and send it without delay to the School Board at this address: **absences@csdulittoral.qc.ca**