

SAMA Suggested format for Certificate to declare patient vulnerable to COVID-19:

CONFIDENTIAL

Dr (initials and surname in block letters)

MBCChB (full qualification)

MP number

Physical address

Certificate of Illness

in terms of the Guidance on vulnerable employees and workplace accommodation in relation to COVID-19

| | |
|---|--|
| Date and time of examination: | |
| Patient's name: | |
| Patient's employee number: | |
| The patient has been under my care for: How long have you been treating the patient | Years_____Months_____Days_____ |
| As a result of: Tick whichever is applicable | <p>My personal observations during an examination on the date of this certificate</p> <hr/> <p>Information which has been received from the patient and which is based on acceptable medical grounds</p> <hr/> <p>Based on the information provided to me by the patient during the telephone conversation and in my professional opinion, based on acceptable medical grounds</p> |
| It is my professional opinion that: | The Patient is a vulnerable employee in terms of the Guidance on vulnerable employees and workplace accommodation in relation to COVID-19 |
| Delete whichever section is not applicable | |
| Please note that the patient has consented to a full description of the illness/injury on this certificate, indicated by his/her signature hereto. | |
| Description of the illness/injury: | |
| Signed Patient: | |
| Patient initials and surname: | |
| Please note that, at the end of the telephonic consultation, the patient has consented to a full description of the illness/injury on this certificate. | |
| Description of the illness/injury: | |

Please note that the patient has NOT consented to a full description of the illness/injury, however, in my professional opinion based on an examination of the patient, the patient is a vulnerable employee in terms of the **Guidance on vulnerable employees and workplace accommodation in relation to COVID-19**

Signed Patient:

Patient initials and surname:

Please note that, at the end of the telephonic consultation, the patient has NOT consented to a full description of the illness/injury, however, in my professional opinion based on an examination of the patient, the patient is a vulnerable employee in terms of the **Guidance on vulnerable employees and workplace accommodation in relation to COVID-19**

Signed Doctor: