

**COMMISSION SCOLAIRE SIR-WILFRID-LAURIER**  
**SIR WILFRID LAURIER SCHOOL BOARD****AUTHORIZATION FROM APPLICANT**

(TO BE FILLED OUT BY PARENT/GUARDIAN)

I authorize the physician indicated in this document to supply related medical information regarding my child's physical condition to the Sir Wilfrid Laurier School Board via the present form or via other means should the Sir Wilfrid Laurier School Board require further information.

Insert Parent/Guardian Full Name

Date

Parent/Guardian Signature

**STUDENT – MEDICAL EXEMPTION REPORT – COVID-19****PATIENT INFORMATION**

(TO BE FILLED OUT BY PHYSICIAN)

This certificate will be used to evaluate the student's request for exemption from in-school attendance based on COVID-19 medical guidelines.

Last name of patient		First name of patient	
Civic address / Street		Patient's age	
City / Province			
Postal code			
<input type="checkbox"/> I certify that I examined this patient on		Date	

**MEDICAL REPORT**

(TO BE FILLED OUT BY PHYSICIAN)

**DIAGNOSES**

Please provide a detailed diagnosis and explanation of the patient's medical condition(s).

**RECOMMENDATION OF THE ATTENDING PHYSICIAN**

Following the review of my patient's medical condition and the diagnosis indicated above, I certify that:  
(check off the appropriate box)

My patient should be exempted from in-school attendance because of the health risks associated with COVID-19.

**OR**

My patient's condition does not require a medical exemption from in-school attendance because of the health risks associated with COVID-19.

Anticipated length of leave from school  
(should exemption be recommended)



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IDENTIFICATION OF PHYSICIAN			
Only legally licenced physicians are authorized to sign this form (stamps not accepted). It should be noted that the Sir Wilfrid Laurier School Board is not bound by the recommendations of the signing physician. Any incomplete report or any report whose content does not justify the recommendations made may be refused without any further formality.			
Physician's last name and first name		Licence Number	
Telephone number		Fax number	
Address			
Specialty (if any)			
Signature of physician		Date	

**IMPORTANT NOTE:** All students exempted from attending school because of medical conditions related to COVID-19 MUST obtain a **medical note** clearing them for an eventual return to school.

**DISCLAIMER:** All medical exemptions related to COVID-19 are subject to health guidelines designated by the Direction de la santé publique and administered by the Ministère de l'Éducation et de l'Enseignement supérieur. A student's eligibility for distance learning based on his/her health conditions may change should official recommendations from the Direction de la santé publique change. All exemptions from in-school attendance are subject to modification or termination by the Sir Wilfrid Laurier School Board based on the directives of health authorities and/or the Ministry of Education.