# **Medical advice on vulnerable persons for COVID-19**

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| **Privacy notice:** The Department of Education is collecting information on the below employee’s health and their capacity to perform work in order to manage work health and safety risks associated with the COVID-19 pandemic and consistent with the department’s duties under the *Work Health and Safety Act 2011*. The information on this form will inform reasonable adjustment and broader work health and safety decisions. Information relevant to a vulnerable person’s capacity for work will be discussed with their supervisor for the purpose of identifying reasonable work adjustments. Information may also be discussed with injury management and human resources employees. An employee’s personal information will not be given to any other person or agency unless authorised by the employee or required by law. |

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| **Employee details** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

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| **Vulnerable person criteria** |
|  Age 70 or older   Age 65 or older with a chronic condition   Aboriginal Torres Strait Islander person 50 years and older with one or more chronic medical condition   Significantly immunocompromised or receiving immunosuppression therapy   Pregnant   Has a chronic medical condition diagnosed by a medical practitioner *(please also see note box below regarding the chronic conditions defined by Queensland Public Service Commission)*   Living with or is required to maintain regular contact with any of the above *(please identify who and which vulnerable criteria applies)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Capacity for work during the COVID-19 pandemic** |

 Employee can perform their usual work duties and hours from their usual workplace

 Employee can perform their usual work duties and hours in adjusted work conditions

 Employee can perform their usual work duties and hours from home

 Employee can perform adjusted work duties and hours from home

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| **Work restrictions, modifications or supports** |

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| **Medical practitioner’s details** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Medical practice stamp and AHPRA registration number: Date for medical review: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Chronic Medical Conditions**

Queensland Public Service Commission identify the chronic medical conditions at the following link: <https://www.forgov.qld.gov.au/guide-identifying-and-supporting-vulnerable-employees-covid-19>.

**Further advice**

If a principal/manager has received a medical certificate from an employee that already contains these details this document will not be required.