



Attestation for High Risk for Severe Illness from COVID-19 Pandemic Form

I, _____, hereby attest that I have contacted the local public health authority and/or a medical professional about my circumstances and they have confirmed that:

I am at **high risk** for severe illness from COVID-19 due to: **(1) a medical condition** and/or **(2) as a result of a weakened immune system** caused by an underlying medical condition or due to a medical treatment.

OR

I am living with someone who is at **high risk** for severe illness from COVID-19 due to: **(1) a medical condition**, and/or **(2) as a result of a weakened immune system** caused by an underlying medical condition or due to a medical treatment.

NOTE: PLEASE DO NOT DISCLOSE MEDICAL DIAGNOSIS

Part I:

Validate if there are any practices and/or preventative measures that:

- (i) The **EMPLOYER** could implement in the workplace that would permit you to work (e.g. change in hours of work, more frequent breaks, limit exposure to the public, make available necessary personal protective equipment (PPE) and hand sanitation products in the workplace, provide an enclosed office space to work in, ensure social distancing is respected, etc.)?

Yes No

Provide **applicable details** to support the above indicated response based on your particular situation:

- (ii) **YOU** could implement for yourself, whether at home (e.g. limiting contact with others, limiting trips outside the home, etc.) or in the workplace, that would permit you to work (e.g. change clothes at work, wash hands more often, wear additional PPE, practice social distancing, etc.)?

Yes No

Provide **applicable details** to support the above indicated response based on your particular situation:

Part II:

As a result of my specific circumstances, as indicated above, I attest that:

- (i) There are no **EMPLOYER** related and/or **SELF** identified measure(s) that can be put into place in order to mitigate the COVID-19 related risk(s) associated to my personal situation; and
- (ii) For this reason, in accordance with my terms and conditions of employment and/or collective agreement provisions, I request "leave with pay for other reasons" based on:

Risk of Illness Employee
(leave code 6916)

Cannot report to work due to being at high risk for severe illness as a result of the pandemic and **cannot work remotely**.

OR

High Risk Family Care
(leave code 6924)

Cannot report to work due to living someone who has a high risk for severe illness as a result of the pandemic and **cannot work remotely**.

Part III:

By way of completing this Form, I understand and I am in agreement that:

- I have a responsibility to inform my supervisor and/or manager of any changes to my current and on-going leave with pay for other reasons situation;
- I may be assigned work and/or duties that need to be performed;
- I may be required to provide additional information or certification as deemed necessary by management in order to validate the approval of this leave request; and
- My request for this type of leave of absence from work will be regularly reviewed by management.

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Employee Signature

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Date