



COVID-19 At Risk Caregiver Form

Caregiver Name:	E-number:
Email:	Phone:
Job Role / Title:	
Department:	
Manager's name:	Phone:

I advise that I am in the following COVID-19 very high risk category (please tick the category(ies) that apply):

- ☐ Solid organ transplant recipients
- ☐ Specific cancers:
 - a. Caregivers with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
 - b. Caregivers with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - c. Caregivers having immunotherapy or other continuing antibody treatments for cancer
 - d. Caregivers having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
 - e. Caregivers who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- ☐ Severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
- ☐ Rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
- ☐ immunosuppression therapies sufficient to significantly increase risk of infection
 - a. Primary or acquired immunodeficiency (HIV/AIDS)
 - b. Hematologic neoplasms: leukaemia, lymphomas, MDS
 - c. Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
 - d. Chemotherapy / radiotherapy (current / recent)
 - e. Medications
 - i. Corticosteroid (≥ 20 mg of prednisone per day, or equivalent) for ≥ 14 days
 - ii. All biologics and most DMARDs.
- ☐ Pregnant with significant congenital heart disease



Or

I advise that I am in the following COVID-19 At Risk Category (please tick the category(ies) that apply:

- ☐ Aged 70 or older
- ☐ Aged 65 or older with chronic medical conditions
- ☐ Chronic respiratory conditions including uncontrolled asthma, chronic obstructive pulmonary disease (COPD)
- ☐ Morbidly obese (BMI >40)
- ☐ Pregnant
- ☐ Chronic illnesses predisposing to severe disease including cardiac disease (excluding simple hypertension), diabetes mellitus, chronic renal disease, haemoglobinopathies
- ☐ Aboriginal or Torres Strait Islander aged 50 or older

Work Request

- ☐ I would like to be redeployed to an area in the hospital / service where COVID patients / clients are not being directly cared for. I acknowledge that redeployment to another area may not reduce my risk of inadvertent exposure to patients/clients/caregivers who may be unknowingly carrying COVID. I am willing to provide certification from my medical practitioner that indicates the conditions under which I can be redeployed safely.
- ☐ I wish to access my accrued personal leave (or my other accrued leave entitlements or leave without pay should my personal leave be exhausted) while there are active COVID patients in the hospital / service. I am willing to provide medical certification to support my inability to work in the Hospital / Service.
- ☐ I would like to continue working in a COVID patient / client caring environment and I am willing to provide certification from my medical practitioner that specifies the conditions under which I can do this safely.

Please provide a copy of this form to your manager with an accompanying medical certificate that supports the information nominated on this form. Managers will review this information with Human Resources and / or Occupational Health and Safety and will reply directly. Please note requests to be redeployed or to continue work may not be accommodated if caregiver safety cannot be reasonably maintained or where the hospital / service is unable to operationally accommodate redeployment requests.

Caregivers Signature	Date
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Please provide this completed form to your Manager directly.

Your manager will review this form and respond to you directly. A copy of the form and associated medical advice will then be stored on your personnel file