[Teacher’s Name]

[Name of school]

[Address line one]

[Address line two]

[Town or City / Postcode]

Date: [01/01/01]

Dear [class teacher, form tutor, SENCo or Head of Year]

I have assessed [name of student] on [01/01/01] and they [have/have not yet] (delete as appropriate) been given a diagnosis of Post Covid Syndrome/Condition/Long Covid and [additional diagnoses].

The ongoing symptoms they are experiencing which will likely impact on their education are:

[list symptoms]

I can confirm that I [have/have not] screened for cardiac symptoms including POTS (using an active stand test).

I can confirm that I [have/have not] screened for oxygen desaturation on activity.

I can confirm that I [have/have not] screened for Post Exertional Symptom Exacerbation (PESE)/Post Exertional Malaise (PEM).

As a result of the screening above I confirm the following: (tick all that apply)

[ ]  They are not fit to engage in educational activity at home or school

[ ]  They are not fit to attend school but can engage in educational activity at home

[ ]  They may be fit to attend school with the reasonable adjustments highlighted
 below

[ ]  They are fit to attend school on a normal timetable

[ ]  They are not fit to engage in physical education

[ ]  They may be fit to engage in physical education with reasonable adjustments

[ ]  They are fit to engage in physical education

Reasonable adjustments proposed: (tick all that apply) (this list is not exhaustive)

[ ]  Hybrid learning options to include online and home learning

[ ]  An extended phased return starting at 0 of hours/day. This needs to be
 maintained for 0 number of days before increasing gradually

[ ]  A reduced timetable of no more than 0 of hours/day maximum before review
 needed

[ ]  Support with transport

[ ]  Frequent Rest Breaks

[ ]  An exit pass and quiet room in which to rest

[ ]  Exam/Coursework adjustments (add further detail below if specific adjustments
 requested)

Other Adjustments: [Other adjustments]

Additional comments or advice:

[ ]  I will need to review them on [01/01/01]

[ ]  I will review them if they have not progressed as planned

[ ]  I do not need to review them

Signed

Date

Surgery stamp