[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