

CIRCULAR 257/2020: HIGH RISK TEMPLATE

STATEMENT CONFIRMING BENEFIT FROM SHIELDING FROM COVID-19 INFECTION

TO BE COMPLETED BY HOSPITAL SPECIALIST OR CONSULTANT.

I, Mr/Ms/Dr/Prof. _____, Medical Council No. _____,
have been caring for Mr / Ms / Mx _____ ID No _____
aged _____ years, since _____.

I deem the above mentioned patient at moderate to high risk of a severe COVID-19 infection as he/she/they falls under the criteria of:

- pregnant;*
- adult diabetics using insulin injections;*
- patients who are suffering from a condition known to render the person immunosuppressed;*
- patients undergoing any immunosuppressive treatment including but not limited to the use of biological agents and immunomodulators;*
- patients suffering from cancer who are currently undergoing chemotherapy;*
- patients suffering, or who have suffered, from cancer having undergone chemotherapy at any time within the last six (6) months*
- patients on dialysis;*
- patients who are to be admitted to hospital with respiratory problem exacerbations;*
- patients who, at any time within the last year have been admitted to hospital as an inpatient with respiratory problem exacerbations;*
- patients suffering from cardiac disease who are to undergo a cardiac intervention or a cardiac surgical procedure;*
- patients suffering, or who have suffered, from cardiac disease having undergone a cardiac intervention or a cardiac surgical procedure at any time during the last six (6) months;*
- patients attending a heart failure clinic; and*
- patients on regular steroid tablets*
- BMI greater than 40*

Should the patient not fall under any of the above categories and, however, you still deem he/she/they is to be considered as at considerable risk of severe COVID-19 morbidity or mortality, please state the condition and reason below:

All treatment currently being taken by the patient:

Other comments:

DECLARATION

I Mr/Ms/Dr/Prof _____ confirm the above details and, after discussion with the patient/carers, am of the opinion that Mr/Ms/Mx _____ is to be considered at moderate to high risk if infected with COVID19 and would benefit from shielding.

Signature

Hospital Specialist/ Consultant Stamp

Patient/ Carer Signature

Name in capitals and ID number

Date

Attached:

- Copy of Schedule V card Copy of relevant discharge letter Pregnancy blue card Other

Resources:

Mandatory Standards and Guidances – Ministry for Health Malta

<https://deputyprimeminister.gov.mt/en/health-promotion/covid-19/Pages/mitigation-conditions-and-guidances.aspx>

COVID-19 – ‘shielding’ guidance for children and young people (Royal College of Paediatrics and Child Health)

<https://www.rcpch.ac.uk/sites/default/files/generated-pdf/document/COVID-19---%2527shielding%2527-guidance-for-children-and-young-people.pdf>

Coronavirus (COVID-19): shielding advice and support (Scotland)

<https://www.gov.scot/publications/covid-shielding/pages/highest-risk-classification/>

Who’s at higher risk from corona virus (NHS)

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>