



Baptist Health Volunteer Covid-19 Risk Medical Clearance

Dear Provider,

Your patient, _____, has applied to volunteer in one of our medical facilities. As a new disease, there are no long-standing, well-validated risk factors for COVID-19. Current CDC information and expert opinions believe **older adults and people of any age who have serious underlying conditions** may be at higher risk, including but not limited to:

- people 65 years and older;
- those people who have chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised, severe obesity, diabetes, CKD undergoing dialysis and chronic liver disease

Based on current information available, I, _____, believe this patient is able to volunteer at BHSF facilities with acceptable risk for COVID-19.

Provider Name (printed)

Provider number

Provider Signature

Provider Office Phone number

Office Address

City, State, Zip Code

Patient Name (printed)

Date of Birth

Patient Signature

Today's Date