



COVID-19 Medical Documentation Form

Complete the form below if your child is unable to attend school in person due to a medical condition. Please submit the completed form to your student's school nurse.

The following should be completed by the student's parent or guardian:

Student First and Last Name: _____

Grade in the 2021-2022

School Year: _____

Please select reason for in-person exemption:

- ☐ Student is at increased risk of severe illness (see list on page 2)
- ☐ Student has special health care needs
 - ☐ Please explain: _____
- ☐ Student lives with person with increased risk of severe illness (see list on page 2)
 - ☐ individual's name and relationship to the student:

Health Care Provider's Name: _____

Street Address: _____

City/State/Zip: _____

Parent/Guardian Signature

Date

Please see the following page for required information to be completed by the health care provider.

The following should be completed by the Health Care Provider (cont.).

The following underlying conditions are included on the Center for Disease Control's list of conditions that cause increased risk for severe illness from COVID-19.

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- Severe Obesity (BMI ≥ 40 kg/m²)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

I hereby confirm that the student or individual in the household listed on page one is considered at increased risk of severe illness from COVID-19, according to the Center for Disease Control's list of underlying conditions, that precludes the student from attending school in-person for the remainder of the 2020-2021 school year:

Health Care Provider Signature

Date