

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:

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Student First and Last Name:		
Current Grade:		
Please select reason for in-person exe	emption:	
Student has special health ca	f severe illness (see list on page 2) are needs	
Student lives with person wit	th increased risk of severe illness (see list on page 2) d 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 of severe illness from COVID-19, according to the Center for Disease Conti precludes the student from attending school in-person for the remainder	rol's list of underlying conditions, that
Health Care Provider Signature	Date