



### Medical Certification for COVID-19 High Risk Exemption

Student name and ID #:	Campus:
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Return to in- person instruction medical certification exemption:

Should a student be identified to return to in-person instruction, but the student or an individual in his/her household has a high-risk medical condition as defined by the Centers for Disease Control, a medical certification form will need to be completed.

This form will need to be presented at the appeal meeting or emailed to the campus administration to claim the high-risk exemption for COVID-19.

**Individual at Higher Risk:** Individuals at higher risk for severe illness from COVID-19 are those individuals with certain underlying health conditions as designated by the CDC, which provides as follows:

Those individuals who are at higher risk of severe illness, as designated by the Centers for Disease Control (CDC), are those with conditions such as asthma, chronic lung disease, compromised immune systems (including from smoking, cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, or use of corticosteroids or other immune weakening medications), diabetes, serious heart disease (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and hypertension), chronic kidney disease undergoing dialysis, liver disease, severe obesity or **any condition that affects the student or family member that a medical doctor determines that it is in the best interest of the student or family member to learn from home.**

**To be completed by the Health Care Provider**

Health Care Provider's Name: \_\_\_\_\_

Health Care Provider's Address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Does the named student (or family member that directly affects the student) have an underlying medical condition deemed to be high risk for severe illness from COVID-19 as determined by a medical professional and listed above?  Yes  No
2. If yes, please provide the medical diagnosis of the underlying condition for this student.

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\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date