



Port Jervis City School District
High-Risk Medical Exemption for Home Instruction* Form
 2021-2022 School Year

**Please note that home instruction will be held remotely and provide instruction for (1) hour per day for elementary students and two (2) hours per day for secondary school students.*

STUDENT INFORMATION:

Student Name: _____ Grade: _____ School: **HS MS ASK HBE**
 (Please Print) (Please circle one)

Parent/Guardian Name: (please print): _____

Parent/Guardian Signature: _____

TO BE COMPLETED BY THE HEALTHCARE PROVIDER:

Health Care Provider's Name: _____

Health Care Provider's address: _____

Type of practice / Medical specialty: _____

Telephone: _____ Fax: _____

Please check appropriate box:

- The above-named student has an underlying medical condition deemed to be high-risk for severe illness from COVID-19 as determined by the CDC and listed above, and should not attend school or participate in in-person school activities or extracurricular activities.*
- The above-named student has an individual residing in the household with an underlying medical condition deemed to be high-risk for severe illness from COVID-19 as determined by the CDC and listed above, and should not attend school or participate in in-person school activities or extracurricular activities.*

****Please identify the specific diagnosis for the child or individual in the home on a separate script (Include name of student on script). Thank you.**

Physician's Name: (please print): _____

Physician Signature: _____

FOR SCHOOL USE ONLY:

PJCSD Medical Director Authorization/Signature: _____

Building Principal Authorization/Signature: _____