



Devine Independent School District

605 W. Hondo Ave., Devine, Texas 78016

(830) 851-0795 Fax (830) 663-6706
Dr. Todd Grandjean, Superintendent

Medical Certification for COVID-19 High Risk Exemption

Student name:	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, or severe obesity.

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 have an underlying medical condition deemed to be high risk for severe illness from COVID-19 as determined by the CDC and listed above? Yes No
2. Does a member of the above named student household have an underlying medical condition deemed to be high risk for severe illness from COVID-19 as determined by the CDC and listed above? Yes No
Household Member Name: _____ Relationship _____
3. If yes, please provide the medical diagnosis of the underlying condition (as identified by the CDC) for this student or household member.

Signature of Health Care Provider

Date