GENESEO
COMMUNITY UNIT
SCHOOL DISTRICT #228
Where the *future* grows.

Medical Certification For COVID Related Remote Learning

This form **must** be completed and returned to your school nurse **before** services can be initiated.

The COVID Pandemic has made it difficult for some students to safely attend school due to certain circumstances. If your child has one of the following documented concerns they may be eligible for remote learning;

1. If your child has a documented pre-existing health condition that would be exasperated by a COVID exposure
2. If your child lives in a home with an individual who has a documented immune compromised illness that would be exasperated by a COVID exposure

The Illinois State Board of Education has indicated that Home/Hospital instruction, and now remote instruction, are the most restrictive educational and social environment in which a student may be placed. Students receiving remote instruction will not have physical contact with their peers during the school day. The goal with remote learning would be to give students an equivalent academic experience to those students at the same grade level and designed to enable the student to return easily to the classroom.

In order to establish eligibility for remote learning, a student's parent/guardian must submit this form to the school nurse signed by a licensed medical physician, PA-C or APRN. Remote learning will be provided for a minimum of 1 semester at a time.

Student Information

Student's Name_________________________________ Birth Date_______________ School________________ Grade_____

Name of Parent/Guardian_____________________________________ Parent/Guardian Phone#__________________________

☐ My child is at increased risk of severe illness or has special health care needs.

☐ My child lives in a home with people at increased risk.

Does the student have an existing IEP? ☐ yes ☐ no   Does the student have an existing 504 Plan? ☐ yes ☐ no

I am submitting this form for review to determine my child's eligibilty for remote learning. _________________________________

Parent/Guardian's Signature   Date

Medical Information: To Be Completed by Medical Physician, PA-C or APRN

*** Eligibility for remote learning will be based on the information provided below***

Medical Diagnosis of Physical or Mental Health Condition:____

☐ Student's Health Condition   ☐ Individual living in the home health condition

Please explain how a COVID exposure may impact the student's ability to attend school:__________________________________

____

I certify that the following student_____________________________________ is not able to attend public school because they are at increased risk of severe illness, have special health care needs, or who live with people at increased risk.

Physician's Signature	**Date**	**Physician's Phone**
Print Physician's Name	**Physician's Address**	