



## HIGH RISK EXEMPTION

If a student or an individual in his/her household has a high-risk medical condition\*, a Medical Certification for COVID-19 High Risk Exemption Form may be completed in order to participate in distance online learning at home for the 2021-2022 school year.

Students who are out on a high-risk medical exemption may not participate in any in-person learning, face-to-face extracurricular or on-campus activities, including field trips, competitions, and athletics (as a participant or spectator without prior approval). This is because it would open them up to possible exposure to COVID-19, just as being in the classroom on campus would. Once approved for distance learning, students will only be allowed to switch back to in-person learning at the end of each quarter - which will be determined on a case-by-case basis and with public health protocols in mind.

Distance learning will consist of your student working individually on assigned work through different learning platforms, such as Canvas, Edgenuity, & Path Blazer. Students will check in daily with their teacher for progress check-ins, checking for understanding of the lessons, academic goal setting, assessment preparation, etc.

*\*Those individuals who are at higher risk of severe illness, as designated by the Centers for Disease Control (CDC), are those with conditions including, but not limited to, 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, or liver disease.*

### **Procedure for submitting a medical exemption form:**

- Please see the next page for the form.
- Fill in your child's name and campus.
- Have your licensed health care provider complete and sign the form.
- Turn in the completed form by email to: [info@coralacademylv.org](mailto:info@coralacademylv.org).
- This form must be submitted by 5 p.m. on Friday, July 9, 2021.
  - **Failure to submit by the deadline will result in your student being enrolled for full-time in-person learning**
- For **siblings**, one form must be completed for each sibling.

The medical exemption form must be completed and signed by a licensed health care provider and is subject to verification. Parents/guardians will be notified when the form has been verified and accepted.



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

<b>Student Name:</b>	<b>Campus:</b>	<b>Grade:</b>
<b>The High-Risk Exemption is due to the health of: (circle one)</b>		
	<b>Student</b>	<b>Household Member</b>
<b>Parent Name:</b>	<b>Parent Email:</b>	
<b>Parent Signature:</b>	<b>Parent Phone #:</b>	

Should a student be required 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, this medical certification form will need to be submitted in order for the student to be considered for remote learning.

Completed forms should be submitted to the CASLV central office via email to [info@coralacademylv.org](mailto:info@coralacademylv.org), to claim the high-risk exemption for COVID-19. Forms must be signed by a licensed health care provider and are subject to verification. Parents/Guardians will be notified when the form has been approved.

**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 including, but not limited to, 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.

***For High-Risk Student, a Medical Professional Must Complete the Section Below  
For High-Risk Household Member, Parent Must Complete Questions 1 & 2***

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Does the named student or individual in his/her 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

2. Please provide the medical diagnosis of the underlying condition for the student/household member.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Health Care Provider**

**Date**

**Received by:** \_\_\_\_\_

**Date:** \_\_\_\_\_