



REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 STUDENT TESTING

The New York City Department of Education (NYC DOE), working with NYC Health + Hospitals and the New York City Department of Health and Mental Hygiene, has partnered with laboratories and other providers to test NYC DOE students, teachers, and staff members for COVID-19 infection.

Parent or guardian: There may be rare circumstances in which a health/medical condition makes COVID-19 testing not possible. If you believe your child should be exempt from COVID-19 testing due to such a health/medical condition, please complete this form (with your child's healthcare provider's documentation and signature) and submit to your child's school principal. If your request is approved, your child will be exempt from COVID-19 testing.

Child/Student Information

Name: _____ School ID/OSIS #: _____ Date of Birth: _____

Parent/Guardian Information

Name: _____ Email: _____ Phone number: _____

Address: _____

Best way to contact you? Phone Email

Reason for Exemption Request

Please select a reason for the exemption:

Nasal deformity Nasal surgery Facial trauma

Other, please explain:

Please attach medical documentation from a health care provider regarding the exemption request.

Health care provider information

Name _____ Email _____ Phone number _____

Signature _____

To Be Completed by Principal or Program Director

Name _____ Date _____

Principal comments: