

# COVID-19 Addendum

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Based on currently available information and clinical expertise, persons who have underlying medical conditions might be at high risk for severe illness from COVID-19. All persons should practice and encourage hand washing, respiratory hygiene and cough etiquette. The following recommendations are in addition to the student's IHP/ECP/IEP/504/medical management plan for the school year noted above.

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Yes \_\_\_ No \_\_\_ Homebound educational services/remote learning recommended. **If response yes, remaining recommendations listed are not applicable to the student.**

Yes \_\_\_ No \_\_\_ Core courses only/ limited on campus learning recommended.

Yes \_\_\_ No \_\_\_ Daily student symptom self-screening recommended prior to on campus attendance.

Yes \_\_\_ No \_\_\_ Daily mask wearing on campus/during transportation, as tolerated, is recommended.

Yes \_\_\_ No \_\_\_ Personal meals/snacks provided by parent/guardian recommended.

Yes \_\_\_ No \_\_\_ School personnel to wear mask if within 6 feet of student with emphasis on social distancing recommended.

Yes \_\_\_ No \_\_\_ Placement of student in small groups of less than 10 people recommended.

Additional accommodations recommended: \_\_\_\_\_

Conditions which necessitate contact to provider: \_\_\_\_\_

Conditions/symptoms which necessitate exclusion from on campus attendance include: \_\_\_\_\_

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Provider Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_