

Medical Request for Virtual Classes

Name of Medical Clinic: _____

Address _____

Phone Number: _____ Fax: _____

Patient's Record

Name: _____ DOB: _____

Phone Number: _____ Student ID #: _____

Please allow _____ (patient's name) to take bimodal classes in a virtual only format due to the following underlying medical conditions, that may place the individual at increased risk for severe illness from COVID-19 (per CDC guidance):

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus, Type 1 diabetes mellitus
- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Other: _____

Health Care Provider Name (printed): _____

Signature: _____ **Date:** _____