



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 program director or email directly to covidmedicalexemption@schools.nyc.gov. If your request is approved, your child will be exempt from COVID-19 testing.

Child/Student Information

Name: _____ OSIS #: _____ Date of Birth: _____

DBN/ATS Code: _____ Grade: _____ District: _____

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 Parent/Guardian or Program Director

Name _____ Date _____

Comments: