

Medical Provider Certification

To the Provider: The Iredell-Statesville Schools (I-SS) employee named below (your patient) has self-identified as high-risk for severe illness from COVID-19 and is requesting and accommodation. I-SS requires further information in order to consider this request.

Patient/Employee Name:	
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1. Does the employee have an underlying medical condition that is identified by the Centers for Disease Control (CDC) as high-risk for severe illness from COVID-19?

The CDC currently defines “high-risk” individuals to include people of all ages with underlying medical conditions, particularly if not well-controlled, including people with:

- Chronic lung disease or moderate to severe asthma
- Serious heart conditions
- A compromised immune system
 - A compromised immune system may be caused by many conditions, e.g.: cancer treatments, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- Hemoglobin disorders
- Severe obesity (Body Mass Index (BMI) of 30 or higher)
- Diabetes
- Chronic kidney disease undergoing dialysis
- Liver disease

2. If you believe the employee has a different medical condition that places them at high risk for severe illness from COVID-19, please identify below.

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Attestation by Medical Provider:

Name of Medical Provider:	
Provider’s Signature and Date:	
Practice/Office Name:	
Office Phone:	
Office Fax:	