



WESLACO INDEPENDENT SCHOOL DISTRICT
THE RIGHT CHOICE

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MEDICAL CERTIFICATION FOR COVID-19 EXEMPTION / TEMPORARY MEDICAL CONDITION

This form is to be filled out and signed by a healthcare professional **ONLY**.

Student Name: _____ **Student Date of Birth:** _____

Campus Name: _____

If the student is unable to attend school because of COVID-19 or a temporary medical condition, parents can request an exemption from required in-person instruction for up to 20 instructional days during the 2021-22 school year.

In order to make this request, the Medical Certification for COVID-19 Exemption / Temporary Medical Condition form must be completed and signed by the student's healthcare provider (a licensed U.S. physician).

Parents need to submit the signed form to the student's school health aide.

Health Care Provider's Name and License Number:

Health Care Provider's Address:

Health Care Provider Telephone: _____

1. Does the named student have a temporary medical condition, a test result, formal diagnosis, or suspicion of having a communicable condition or identified as a close contact for COVID-19 either by public health, by the school, or by the parent? Yes No
2. If yes, please provide the medical diagnosis or the communicable condition (as identified by the (TAC 25 Rule 97.7) for this student. See attachment.

3. The documentation must include a statement from the physician that the student is to remain confined to their home or to a hospital.

Signature of Health Care Provider: _____ **Date:** _____