



**Geneva City School
Medical Accommodation Form**

Name of Student: _____

Name of Parent(s)/Guardian(s): _____

Current Grade Level of Student: _____

This form is for your use in applying for a medical accommodation for your child during the COVID-19 Pandemic. The purpose of this form is to establish and confirm a medical basis for your request; New York State does permit accommodations based on medical need(s). Philosophical, political, scientific, or sociological requests for accommodations do not and will not justify accommodations beyond the CDC and DOH Guidelines.

In order for any exemption to be reviewed and considered by the district, your primary physician/medical provider must provide a detailed medical diagnosis recommending and supporting the need for additional accommodations. This information will be reviewed by district staff and may be reviewed by the district's medical provider and the Department of Health.

To be completed by physician/medical provider:

Provide the medical diagnosis that supports the need for additional accommodations beyond the CDC ad DOH Guidelines for this student and include other relevant information that would support this request/consideration by the district. You may attach to this form additional written pages or other materials if you choose.
