



McLean County Unit District No. 5
1809 West Hovey Avenue
Normal, IL 61761
Phone (309) 557-4000

MEDICAL REQUEST FOR REMOTE INSTRUCTION

*On May 19, 2021, the Illinois State Board of Education unanimously adopted a Resolution Supporting In-Person Learning. Beginning with the 2021-22 school year, all schools must resume fully in-person learning for most students. Exceptions may be made for 1) Students who are not eligible for a COVID-19 vaccine **and** are under a quarantine order by a local public health department or the Illinois Department of Public Health, or 2) students who may be eligible pursuant to [105 ILCS 5/14-13.01](#). If you feel your child may be eligible under option 2 please complete this form.*

INSTRUCTIONS: Please complete section 1 of the form and have section 2 completed by a qualified physician. Return this form to the Unit Office by June 15, 2021. The form can be mailed or dropped off at the address listed or emailed to district@unit5.org. Upon receipt of medical certification, the school district will determine if the child is eligible and able to receive remote instruction. ****It should be noted that a child receiving remote instruction for medical reasons is not eligible to attend any in-person activities including extra-curricular activities, athletics, and all-school events.**

SECTION 1- STUDENT INFORMATION	
NAME OF STUDENT (Last, First, Middle)	STUDENT DATE OF BIRTH
STUDENT ADDRESS (Street, City, State, Zip Code)	NAME OF PARENT OR GUARDIAN
	TELEPHONE OF PARENT OR GUARDIAN
SCHOOL NAME	GRADE FOR 21-22 SCHOOL YEAR

SECTION 2 - TO BE COMPLETED BY PHYSICIAN LICENSED TO PRACTICE MEDICINE IN ALL ITS BRANCHES, APRN OR PA.

<p>STUDENT DIAGNOSIS (Please indicate the condition which may allow the child eligibility for remote instruction):</p> <p><input type="checkbox"/> Asthma or chronic lung disease</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Genetic, neurologic, or metabolic conditions</p> <p><input type="checkbox"/> Sickle cell disease</p> <p><input type="checkbox"/> Heart disease since birth</p> <p><input type="checkbox"/> Immunosuppression</p> <p><input type="checkbox"/> Medical complexity (Please list): _____</p> <p>_____</p>	<p>LENGTH OF TIME FOR POSSIBLE REMOTE INSTRUCTION:</p> <p><input type="checkbox"/> Fall Semester</p> <p><input type="checkbox"/> Spring Semester</p> <p>The remote instruction platform will be in place for the full semester as indicated. Students will not be allowed to switch to in-person learning until the end of the timeframe suggested. If both semesters are indicated, the need to continue with remote instruction will be re-evaluated prior to the end of the Fall semester.</p>
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I certify that this student is unable to attend public school due to the presence of the condition listed above, but is medically eligible and physically able to be enrolled in a remote instruction program.

Type or Print Name of Physician	District Office Use:
Physician Contact Telephone Number (include Area Code)	
Original Signature of Physician	

PLEASE RETURN THIS FORM TO THE UNIT OFFICE BY JUNE 15, 2021.