Last Updated January 2026

Fairfax County School Board **MEDICAL VIRTUAL** Participation Request

To: School Board Chair

Clerk to School Board

Request Date: _____

Re: Request to Participate in Board Meeting by Means of Electronic Communication due to Qualifying Medical Reasons

In accordance with the applicable School Board Resolution and Code of Virginia § 2.2-3708.3(B), the undersigned School Board Member requests approval to participate remotely due to a qualifying MEDICAL reason in the following meeting of the School Board:

School Board Member Name: _____

Meeting Date: _____

Meeting Type: _____ i.e. Regular, Closed, Work Session, Budget Committee of the Whole, etc.)

(Please provide a separate form for each meeting type.)

Remote Location: _____

(Please provide city/state or city/country that the person will be in during the meeting)

Medical Condition or Caregiving Responsibilities That Do NOT Qualify as a Disability under the Code of Virginia[1]:

I/they am/are unable to attend such meeting in person due to the following (check one):

_____ Have a medical condition that is not a disability; or

_____ Have caregiving responsibilities with respect to my family member's medical condition, which does not constitute a disability

Thank you for considering the request.

Submitted by:

School Board Member Signature: _____

[1] Terms used and not defined herein shall have the meanings set forth in Section 1 of the Resolution.

or

I _____(insert name) am submitting

this request on behalf of _____and

have the School Board Member's permission to do so.

SCHOOL BOARD CLERK'S OFFICE USE ONLY:

Received by: _____

Date Approved or Denied: _____

Link emailed to School Board Member and staffer: Yes

If no, why?

_____(SBO staff initials)