

**Face Covering Exemption Request
ISD 200**

I am requesting a masking exemption for _____ Date of Birth _____

Address _____, based on the following:

- Medical condition, mental health condition, or disability. A person is not required to wear a face covering if the person cannot wear a face covering or cannot wear a face covering safely due to a medical condition, mental health condition, or disability. This includes a person who has a medical condition that compromises the person's ability to breathe. **The District will require documentation from a medical authority** that the student has such a condition or disability and needs to be exempted from wearing a face covering. **The documentation from the medical authority must also state whether the student can wear a face shield.**
- Religious reasons. The District will not require documentation from an employee or parent that a **face covering would interfere with religious attire** that is worn by the student as part of a sincerely held religious belief. The District may consider whether the student wore the same or similar religious attire before the COVID-19 pandemic began. Please see Health and Safety Measures for alternative mitigation strategies which may be imposed.

"Face covering" means any paper or disposable mask, cloth facemask, medical-grade mask, scarf, bandanna, neck gaiter, or religious face covering that can be worn to cover the nose and mouth completely in accordance with CDC guidance. Masks with valves, mesh, openings, holes, vents, or visible gaps in the material are not sufficient face coverings.

"Face shield" is a clear plastic barrier that covers the face, extends below the chin, and wraps around the sides of the face to the ears. An adequate face shield should have no exposed gap between the forehead and the shield's headpiece.

"Medical authority" means a medical doctor, clinical psychologist, physician assistant, or nurse practitioner who has seen or treated the student.

NOTE: As per the approved resolution, an exemption from masking may mean alternative mitigation strategies will be implemented. Exemptions for students with IEP's will be made with agreement from the IEP team.

I Certify that the information on this form is true and accurate to the best of my knowledge.

Parent/Guardian Printed Name _____ Phone number: _____

Parent/Guardian Signature: _____ Date: _____

TO BE COMPLETED BY MEDICAL AUTHORITY

Printed Name: _____ Facility Name: _____

Facility Address: _____ Phone: _____

Based on personal knowledge from examining, treating, or reviewing the medical records of the student who is identified above, I certify that the following is true and accurate (check those that apply and identify condition):

- The student is unable to tolerate wearing a face covering at school because of the following health condition, disability, or mental health, developmental, or behavioral need:

- The student is unable to tolerate a face shield at school because of the following medical condition:

Medical Authority Signature _____ Date: _____

RETURN THIS COMPLETED FORM TO YOUR BUILDING PRINCIPAL