

# COVID-19 Face Covering Medical Waiver Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

If a student or staff member requires an exemption, he or she must provide documentation from a qualified medical professional capable of providing the appropriate diagnosis or medical necessity. Schools are required to obtain this documentation as they are with any other accommodation\*. The documentation should be provided to the building administrator.

Once a mask waiver is completed and signed by your physician, the building administrator will submit it to the district nurse for review. If she has concerns or questions, she will make contact. Once the medical waiver has been approved, you will receive a phone call confirming the waiver status.

The above-named individual cannot medically tolerate a face covering due to the following medical condition:

\_\_\_\_\_ **Medical condition that causes trouble breathing**

**Describe the nature of the disability:**

\_\_\_\_\_ **Medical condition that makes them unable to remove the cloth face covering without assistance**

**Describe the nature of the disability:**

**If unable to medically tolerate a face covering, can this student use a face shield?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No



**Physician Name:** \_\_\_\_\_

**Physician Phone Number:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Address:** \_\_\_\_\_

**Parent Phone Number:** \_\_\_\_\_

\*In addition to this document, parents need to submit a notice confirming the information above from the doctor's office (i.e., letterhead or script pad) to indicate that a consultation occurred.