



COVID-19 INDIVIDUAL FACE COVERING REQUEST FOR EXEMPTION

Consistent with the State Public Health Order dated July 17, 2020, Weber School District will require all individuals to wear face coverings while in attendance in-person at school.

The District recognizes that some individuals may have a medical condition, mental health condition, or a disability that prevents wearing a face covering. Pursuant to the State Public Health Order, such an individual may qualify for an exemption to the requirement to wear face coverings. In order to qualify for an exemption under the State Public Health Order, this form must be filled out and returned to the school principal where your child attends or where you are employed. **All requests for exemptions must be approved by the school principal PRIOR TO COMING TO SCHOOL WITHOUT A FACE COVERING.**

Full Name of Individual Requesting Exemption: _____

School/District Department: _____

Student Grade: _____

Employee Position: _____

Students: I affirm my student has been diagnosed with a medical condition, a mental health condition, or a disability that prevents my child from wearing a face covering. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the conditions with Weber School District officials.

Parent/Guardian Name: _____ Parent Telephone: _____

Signature of Parent/Guardian: _____ Date: _____

Employees: I affirm I have been diagnosed with a medical condition, a mental health condition, or a disability that prevents me from wearing a face covering. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the conditions with Weber School District officials.

Signature of Employee: _____ Date: _____ **MEDICAL**

CERTIFICATION

As the individual's health care provider, I certify that this individual has the following medical condition, mental health condition, or a disability: _____, which prevents the individual from wearing a face covering because:

It could cause harm or dangerously obstruct breathing.

The individual is incapacitated to the extent he/she is unable to remove a face covering without assistance. Other (Explain below)

Is this condition permanent? Yes No
If temporary, expected duration of condition: _____

Please check all types of face coverings that the individual's medical condition, mental health condition, or disability **prevents** the individual from wearing:

- A cloth face mask Clear face covering
- A transparent full face plastic face shield

Name of Physician (Print): Medical/Mental Health Professional License #: Signature of Physician: Date:

Phone Number:

INDIVIDUAL FACE COVERING EXEMPTION DETERMINATION

(Administrator Use Only)

Face Covering Exemption: Approved Denied Administrator Initials: Date: