

## Face Mask Medical Exemption Request Form

Face masks are required to be worn by all individuals inside Pre-K – 12 schools by policy of the Board of Education, adopted August 2, 2021.

USD 232 requires the wearing of masks with few exceptions. Exemption requests will be evaluated on a case-by-case basis and require medical verification.

Student Name (print) \_\_\_\_\_ School \_\_\_\_\_

Parent Consent for Two Way Communication	
I affirm that my student has been diagnosed with the medical condition described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with USD 232 officials. I recognize that this exemption may result in my student being excluded for recommended quarantine in the event of a COVID-19 exposure.	
Parent/ Guardian Name	Parent Telephone
Signature of Parent / Guardian	Date

Medical Certification	
As the student's health care provider, I certify that this student has a physical, medical or mental impairment that substantially limits a major life activity and that a face covering may cause harm or obstruct breathing which makes it inadvisable for the student to wear a mask. <b><i>Specific, detailed information is necessary for an exemption to be considered:</i></b>	
A plastic face shield would be a reasonable alternative to a mask: <input type="checkbox"/> YES <input type="checkbox"/> NO Health risks of not wearing a mask were discussed with parent/guardian and student: <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> This medical exemption is permanent <input type="checkbox"/> This medical exemption is temporary. (Exemption expires ___/___/___)	
Signature of healthcare provider (MD, DO, APRN, PA)	
Printed name of healthcare provider	Date

Please submit completed forms to the school nurse.