

## Student Mask Exemption Request & Medical Certification Form

In compliance with the California Department of Public Health (CDPH), COVID-19 Public Health Guidance for K-12 Schools in California, 2021-22 School Year dated July 12, 2021 and Centers of Disease Control and Prevention Guidelines, District students will be required to wear face coverings, herein termed “mask”, while attending in-person at school when indoors and on public transit (i.e., buses, transportation vehicles, etc.). Masks are optional outdoors, to the extent required by applicable federal, state, or local laws, regulations, ordinances, emergency orders, or state/local school board action.

The District recognizes that some students may have medical conditions, disabilities, or mental health conditions for whom wearing a face covering or attending school in-person may be detrimental, and thus the District will reasonably accommodate these students.

To receive an exemption from wearing a mask or attending school in-person, this form must be completely filled out and returned to school PRIOR TO THE FIRST DAY OF ATTENDANCE WITHOUT A MASK.

Student’s Full Name	Student ID Number	Student Date of Birth
Home Address	School	Grade
Student Currently Has <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Other specific school health orders <input type="checkbox"/> N/A		
<b>Parent Consent for Two Way Communication</b>		
I affirm that my student has been diagnosed with the medical condition(s) described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with School District officials.		
Parent/Guardian Name (print)		Date
Parent/Guardian Signature		
<b>Parent Consent to Mask Exemption</b>		
Cloth coverings over the nose and mouth are one of the best measures for preventing the transmission of COVID-19 (please initial)		
_____ I understand that by my child not wearing a face mask, they are at higher risk for exposure to and transmission of COVID-19.		
_____ I recognize this exemption to wear a face mask may result in my student being quarantined in the event of a COVID exposure.		
_____ I understand there is no evidence to support the use of a face shield with a drape (per CDPH guidelines) and/or plexiglass as a suitable alternative to masking.		
_____ I understand I can discuss alternative educational opportunities that place my student at lower risk of COVID exposure with the School District.		
Parent/Guardian Name (print)		Date
Parent/Guardian Signature		
<b>Medical Certification – (To be completed by a Physician, Nurse Practitioner or Physician Assistant)</b>		
As the student’s health care provider, I certify this student has a physical or mental impairment that substantially limits a major life activity AND makes it inadvisable or impractical for the student to wear a face covering. The student:		
<input type="checkbox"/> Is incapacitated to the extent he/she is unable to remove the mask without assistance		
<input type="checkbox"/> Is at risk of harm or dangerous obstruction of breathing at ALL times		
OR: It is not feasible for the student to wear a face covering due to:		
<input type="checkbox"/> Sensory sensitivity, e.g. autism spectrum disorder		
<input type="checkbox"/> Student is so severely cognitively affected they do not understand the concept of masking		
<input type="checkbox"/> Other (please specify): _____		
<input type="checkbox"/> Not applicable		

Based on the nature of this student's impairment and potential difficulty maintaining physical distancing within the school environment:

- A transparent plastic face shield with a drape (per CDPH guidelines) WOULD BE a reasonable alternative to a face covering
- A transparent plastic face shield with a drape (per CDPH guidelines) WOULD **NOT** BE a reasonable alternative to a face covering

This student is at moderate or high risk for severe disease if they contract COVID.

**Moderate Risk**

- Moderate to severe asthma
- Cerebrovascular disease
- Cystic fibrosis
- Hypertension or high blood pressure
- Immune compromised from blood or bone marrow transplant, immune deficiency, HIV, or use of corticosteroids or other medications that weaken the immune system
- Liver disease
- Obesity (BMI 95-<99%)
- Pregnancy
- Pulmonary fibrosis
- Smoking
- Thalassemia
- Type 1 diabetes mellitus

**High Risk**

- Cancer
- Chronic kidney disease
- COPD
- Immune compromised from solid organ transplant
- Serious heart condition – heart failure, coronary artery disease, cardiomyopathy
- Severe obesity (BMI >99%)
- Sickle cell disease
- Type 2 diabetes mellitus

**Additionally for children, consider:**

- Neurologic conditions
- Genetic conditions
- Metabolic conditions
- Congenital heart disease

- If neurologic, genetic, metabolic, or congenital heart disease (please specify): \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- Not applicable

Based on the nature of this student's impairment and potential difficulty maintaining physical distancing within the school environment, this student:

- IS** at greater risk for severe disease with COVID and alternative educational opportunities should be considered
- IS** at greater risk for severe disease with COVID but that risk does not outweigh the impact of not attending school in-person
- IS NOT** at greater risk for severe disease from COVID

Based on my assessment of this student, they:

- Do qualify for a Mask Exemption for in-person learning at school
- Do **NOT** qualify for a Mask Exemption for in-person learning at school

- This medical exemption is valid through the 2021-2022 academic year.
- This medical exemption is temporary through: \_\_\_\_\_

Date	Address/Telephone
Name of Provider (Print)	
Provider Signature	Medical License Number