



Wingate University Face Covering Policy and Procedures (updated July 2020)

Based on the federal, state and local guidance on the prevention of Covid-19, Wingate University is requiring all community members to wear face coverings. Exceptions will only be made to the wearing of a face cover for individuals with disabilities or medical conditions where the disability prevents the person from wearing one for more than 90 minutes, and documentation has been provided specific to that request.

Everyone on campus must do their part to safeguard their own health and the health of others. All community members are required to do the following:

Wear a Face Covering

- You are required to wear a face covering in situations where at least 6 feet of physical distance cannot be maintained or guaranteed, including in classrooms and in public spaces.
- Face coverings must cover the mouth and nose.
- You are not expected to wear a face covering when you are not in close contact with someone else.
- Given the importance of following the protocol for face coverings, everyone on campus is strongly encouraged to carry a face covering at all times in case they encounter an unforeseen situation where social distancing cannot be maintained.
- Disposable masks must be worn for one day only and must be properly discarded in the trash.
- Cloth face coverings must be worn for only one day between washings. They must be properly laundered between each use.
- All students, faculty, and staff will be given a Wingate-branded face covering.

If your request is approved, you will have one of two options.

1. If the medical documentation (as provided on the attached form) suggests that the use of Face Shields is most appropriate, you will be allowed wear a Face Shield in lieu of a Face Mask. If used, a Face Shield should cover the entire front and side of the face and extend below the chin.
2. Students may alternately choose to participate in online education offerings.

Return to:

By Mail: Academic Resource Center, Wingate University, 107 West Wilson Street, Wingate, NC 28174

By Fax: 704-233-8268

By Scan: access@wingate.edu (Please include the subject line: Face Covering Exemption Request, Student Last Name, Student First Name)



Wingate University Face Covering Exemption Request Form

To be completed by student. Please type or print. Students are also required to obtain documentation via the *Fall 2020 WU Medical Provider Attestation for Face Mask Accommodation form*.

Name:		Student ID:
Campus Box:	Residence Hall:	Semester and/or year to which this request applies:
Home Address:		
Home Phone:	Home Email:	
Date of Birth:	Are you a new, transfer, or a returning student? (Circle one).	

Please list specific face covering accommodation request and explain need based upon documented disability, condition, or need.

Request(s)

Justification*

(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18).

Signature: _____ Date: _____

*Note- The Disability Support Services office reviews requests to ensure that the claimed disability is a "substantially limiting condition" as defined by the Americans with Disabilities Act.

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Wingate University Medical Provider Attestation for Face Covering Exemption Accommodation

I am providing this letter for (print name of WU student/patient) _____ to attest that this patient has a medical condition that prevents them from being able to wear a face mask (full mouth and nose coverage) for more than 90 minutes at a time.

I attest that my patient’s underlying medical condition precludes their ability to wear a face mask.

The underlying medical condition my patient has is:

The reason they cannot wear a face mask is:

In lieu of a mask, I agree that my patient can use a face shield (circle one): **N/A** **YES** **NO**

Note: A face shield should cover the entire front and side of the face and extend below the chin.

If **NO** is circled, and you are indicating your patient cannot wear a face mask nor a face shield, please provide the medical rationale below:

Students who do not wear a face mask or face shield will be required to take their courses in an online format.

Should this student be permitted to do online only education? (circle one): **N/A** **YES** **NO**

Medical Provider Name and Signature (Must be an MD, DO, NP, PA, or clinical psychologist not affiliated with Wingate University Health Center)

Name (printed)			
Signature			
Date		Office Phone Number	
Practice Location			
Practice Name			

This may be returned to the Wingate University Disability Support Services office in person by the patient or faxed to our secure FAX (704-233-8268).