



COVID-19 Student Face Covering Exemption Request and Medical Certification

In connection with the COVID-19 pandemic and compliance with the State Public Health Order dated July 17, 2020, Davis School District will require students to wear face coverings while in attendance in-person at school to the extent required by applicable federal, state, or local laws, regulations, ordinances, emergency orders, or state/local school board action.

Davis School District recognizes that some students may have disabilities, medical conditions or mental health conditions for whom wearing a face covering may cause harm or obstruct breathing and thus we will reasonably accommodate these students.

In order to receive an exemption from applicable face covering requirements, this form must be completely filled out and emailed to dsdnurses@dsdmail.net PRIOR TO THE FIRST DAY OF PHYSICAL ATTENDANCE.

Student Name	Student ID Number	Student Date of Birth
Home Address		School/Grade
Student Currently Has: <input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Health Care Plan <input type="checkbox"/> N/A		

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 Davis School District officials. I recognize that this exemption to wear a face mask may result in my student being quarantined in the event of a COVID 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 or impracticable for the student to wear (examples include but are not necessarily limited to respiratory impairments, hearing impairments requiring the use of facial/mouth movements, physical impairments that make it difficult to easily wear or remove a face covering, sensory impairments, etc.) because:

It could cause harm or dangerously obstruct breathing at **all** times.

☐ Yes

☐ No, but the student could benefit from:

☐ Breaks in addition to those already built into the school day (breakfast, lunch, outdoor recess)

☐ Removal if respiratory distress occurs

OR

☐ The student is incapacitated to the extent he/she is unable to remove a face covering without assistance.

This student has been diagnosed with the following medical/respiratory condition:

- ☐ This medical/respiratory condition DOES place the student at greater risk for contracting COVID
☐ This medical/respiratory condition DOES NOT place the student at greater risk for contracting COVID

State the reason(s) why it is not feasible for the student to wear a face covering:

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

- ☐ A transparent plastic face shield WOULD BE a reasonable alternative to a face covering.
☐ A transparent plastic face shield WOULD NOT BE a reasonable alternative to a face covering.

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

- ☐ **IS** at greater risk for contracting COVID and online education should be considered
☐ **IS** at greater risk for contracting COVID-19 but that risk does not outweigh the impact of not attending school in-person
☐ **IS NOT** at greater risk for contracting COVID-19

Additional Recommendations Include:

- ☐ This medical exemption is permanent.
☐ This medical exemption is temporary. (Duration of temporary exemption ____/____/____)

Name of Physician (Print)

Medical License #:

Signature of Physician

Date