



Benton-Franklin Health District COVID-19 Face Mask/Cloth Face Covering Waiver Request Form

As a result of the COVID-19 pandemic, the use of face masks or cloth face coverings is required at all school districts in Washington State. School employees and/or students may request a waiver to this requirement from their healthcare practitioner. All waiver requests will be reviewed and either approved or denied by the Health Officer.

NOTE: IF THE REQUESTED ACCOMMODATION IS AN ACCEPTABLE ALTERNATIVE (EQUIVALENT OF FACE SHIELD WITH DRAPE) OR DISTANCE LEARNING/TELEWORK, THIS WAIVER REQUEST IS NOT REQUIRED AND WILL NOT BE REVIEWED.

Requestor

First Name: _____ Last Name: _____
DOB: _____

Health Care Practitioner Declaration

I declare that use of face mask or a cloth face covering is not advisable for this requestor. I have discussed the benefits and risks of face masks/cloth face coverings with the requestor (or parent/guardian) as a condition for requesting this waiver. I have identified an alternative droplet retention method.

1. Diagnosis (Required) _____

Additional Details: _____

2. Alternative Droplet Retention Method (Required):

I certify I am a qualified health care or behavioral health professional licensed in Washington State and the information on this form is complete and accurate.

Licensed Health Care Practitioner Name (print)



Licensed Health Care Practitioner Signature Date

Washington License # _____

Cell phone where Health Officer may reach you: _____

Health Officer Review

I have reviewed the request and the recommended alternative.

Approve Waiver Deny Waiver

Authorization is valid from _____ to _____

Additional Detail:

Health Officer Name (print) Health Officer Signature Date

Washington License # _____