



TANGIPAHOA
PARISH SCHOOL
SYSTEM
EST. 1896

FACE MASK EXEMPTION NOTIFICATION

NOTE: All exemptions will be verified by the Tangipahoa Parish School System with the physician or provider indicated herein.

____ TPSS STUDENT (If this information is regarding a TPSS student, submit this completed form to Assistant Superintendent Byron Hurst via mail: 59656 Puleston Road, Amite, LA 70422; email: byron.hurst@tangischools.org; or fax: 985-748-8587.)

____ TPSS EMPLOYEE (If this information is regarding a TPSS employee, submit this completed form to Assistant Superintendent Ronald Genco via mail: 59656 Puleston Road, Amite, LA 70422; email: Ronald.Genco@tangischools.org; or fax: 985-748-8587.)

This is to advise Tangipahoa Parish School System officials that, due to medical contraindications, (print name of individual student or employee) _____ is exempt from wearing a face covering/mask. My signature below indicates that I am aware that not wearing a proper face covering increases the risk of contracting COVID-19.

SIGNATURE: _____ **DATE:** _____

FOR PHYSICIAN/PROVIDER USE ONLY

I have examined the individual named above and determined that due to a severe medical issue, the individual is unable to fully function while wearing a face mask. Based on my medical examination and my medical experience, I request that the named individual be exempt from the Governor's mask mandate.

PHYSICIAN/PROVIDER NAME (PRINT): _____

TELEPHONE NUMBER: _____

SIGNATURE: _____ **DATE:** _____