



CERTIFICATION OF MEDICAL CONTRAINDICATION TO THE USE OF A FACE COVERING

At this time, all individuals (including students, staff members, and visitors) are required to wear an appropriate face covering while on school buses and in school buildings, as ordered by Governor Pritzker and consistent with guidance from the Illinois State Board of Education, the Illinois Department of Public Health, the Cook County Department of Public Health, and the Centers for Disease Control and Prevention. A person may be exempted from this requirement if he/she has a *bona fide* medical contraindication that prevents the person from wearing a face mask. If you believe your student qualifies for this exemption, please have an appropriate medical professional (as listed below) complete this form. **This completed form should be returned to School Nurse Katie Dulle via e-mail at kdulle@lhs210.net, via fax at (630) 243-7904, or in person at the Lemont High School Security Office.**

Student's Name: _____ Birth Date: ___ / ___ / ___ Grade: 8 9 10 11 12

Address: _____
(Street) (City) (State) (Zip)

Parent/Guardian Completing the Form: _____

Phone: () _____ Parent/Guardian E-Mail Address: _____

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN, A LICENSED PHYSICIAN'S ASSISTANT, OR A LICENSED ADVANCED PRACTICE REGISTERED NURSE

Name of Person Completing the Form: _____ Phone: () _____

Address: _____
(Street) (City) (State) (Zip)

Student's Medical Condition/Diagnosis: _____

How long have you been seeing the student for this condition? _____

Does this condition preclude the safe use of a face mask? (please circle) YES NO

If yes, please explain: _____

Can the student wear a face mask for any period of time less than a full school day? (please circle) YES NO

If yes, please describe the limitations and provide any recommendations on the amount of time and frequency the student can safely wear a face mask:

Does the student have a medical contraindication to wearing a face shield? (please circle) YES NO

If yes, please describe the medical contraindication and how it affects the student's ability to wear a face shield:

Can the student wear a face shield for any period of time less than a full school day? (please circle) YES NO

If yes, please describe the limitations and provide any recommendations on the amount of time and frequency the student can safely wear a face shield:

MEDICAL CERTIFICATION: I certify the responses I have provided above are accurate and medically supported.

Signature of Medical Professional: _____ Date: ___ / ___ / ___