

2021-2022 Student Mask Exemption Request Form

SFASD recognizes that some students may have disabilities, medical conditions, or mental health conditions that prevent the student from safely or effectively wearing a face mask.

To receive an exemption from applicable face mask requirements, this form must be completed in its entirety and **emailed to the student's school nurse prior to the first day of attendance.**

Part 1: For completion by Parent/Guardian:

Student Name:	School/Grade:	DOB:
Student currently has (check): <input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Health Care Plan <input type="checkbox"/> N/A		
Parent/Guardian Name (print):		Phone:

I request that my child, _____, be exempt from face mask requirements while at schools based on the qualifying medical condition(s) reported by the medical professional below. I understand the following:

- By not wearing a face mask, my student is potentially at a higher risk of COVID19 exposure
- The school may take additional safety precautions such as encouraging my student's use of a face shield and physically distancing my student from others to protect all students and staff
- The school may consider alternative, appropriate learning options for my child if needed for safety
- I am expected to comply with all other COVID19 mitigation strategies including keeping my student home for any sign of illness

Parent/Guardian Signature: _____ Date: _____

Part 2: For completion by Medical Professional (MD, DO, PA, or APRN):

I certify that this student has a physical, medical, or mental impairment that substantially limits a major life activity as described below AND that use of a face mask may cause harm to the student.

Impairment type(check): <input type="checkbox"/> Physical <input type="checkbox"/> Medical <input type="checkbox"/> Mental	List Impairment(s):	
List Contraindications of mask wearing & check option below:		
<input type="checkbox"/> Student may wear mask as tolerated / frequent breaks <input type="checkbox"/> Student may not wear a face mask		
Medical Professional Name (print):	Medical License #:	Phone:

Signature of MD, DO, PA, or APRN: _____ Date: _____