

COVID-19 Student Face Covering Exemption Request and Medical Certification

Masks are one of the most effective strategies to help prevent spread of COVID-19 in our schools. By minimizing the spread of the virus we help keep each other safe and help preserve in-person instruction. Though mask wearing is expected in our buildings, students receive multiple “mask breaks” throughout the school day and are not expected to wear them while eating or playing outdoors.

Tulsa Public Schools recognizes that some students may have disabilities, medical conditions, or mental health conditions in which wearing a face covering may cause harm or obstruct breathing and thus, we will reasonably accommodate these students.

Parents and guardians who wish for their child to be exempt from the expectation of wearing masks due to medical reasons must complete this form and submit it to the district’s office of student and family support services. This request will not be approved unless all questions are answered

In order to receive an exemption from applicable face covering requirements, this form must be completely filled out and emailed to Dr. Chrystal Lewis at lewisch@tulsaschools.org PRIOR TO THE FIRST DAY OF PHYSICAL ATTENDANCE WITHOUT A MASK.

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"/>	<input type="checkbox"/> Section 504 Plan <input type="checkbox"/>	<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 Tulsa Public 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
<p>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 <u>and</u> 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:</p> <p style="margin-left: 20px;">It could cause harm or dangerously obstruct breathing at all times.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes</p> <p style="margin-left: 20px;"><input type="checkbox"/> No, but the student could benefit from:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Breaks in addition to those already built into the school day (breakfast, lunch, outdoor recess)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Removal if respiratory distress occurs</p> <p>OR</p> <p><input type="checkbox"/> The student is incapacitated to the extent he/she is unable to remove a face covering without assistance.</p>

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