FACE COVERING EXEMPTION REQUEST FORM

Date: ____________________

Name: _______________________________

Parent/Guardian submitting request (if applicable):
_____________________________________

Request is for a:
☐ Student
☐ District Employee
☐ District Volunteer or Vendor
☐ Visitor

Reason for exception from use of face covering requirements:

☐ Is not advisable for a specific health reason or an individual’s disability
☐ Would violate a district and/or school documented safety policy that applies to requestor
☐ There is a functional (practical) reason not to wear a facial covering in the workplace (employee/volunteer)
☐ Compliance would be in violation of a documented industry standards (employee/volunteer)
☐ Prohibited by an applicable law or regulation

Explanation of selected reason:

Documentation (attach) that supports the request:

Proposed accommodation/alternative approach request (i.e. use of face shield, alternate mask fabric, etc.):

For Internal District Use ONLY

Date Request Received:

Date Request Meeting/Call Held:

☐ Request Denied
☐ Facial Covering Exemption Approved

Accommodations:

Date written decision sent (to parent if student request):