

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):