SANTA PAULA UNIFIED SCHOOL DISTRICT
Face Mask Accommodation and Exemption Process

In compliance with current health orders and guidance, during and in response to the COVID-19 Pandemic, Santa Paula Unified School District requires students to wear a face mask while in attendance in-person at school to the extent required by applicable federal, state, or local laws, regulations, ordinances, and emergency action.

The District recognizes that some students may be unable to comply with wearing a face mask due to a disability and/or medical condition. If your child may require accommodations or is not able to wear a mask, please complete this form and return it to the school principal].

1. Student Information

Student Name	Date of Birth	School	Grade Level

Is the student currently on an Individualized Education Plan (IEP) or Section 504 Plan?

- □ Yes, student is on an IEP
- □ Yes, student is on a Section 504 Plan
- □ Health Care Plan

2. (Optional) Vaccination Status

Optional, if student is over age 12:

- □ The student has been fully vaccinated against COVID-19. (**If applicable,** please attach proof of vaccination (copy of vaccine card, image of vaccine card or immunization record/health care document showing vaccination status).
- □ No, the student has <u>not</u> been fully vaccinated against COVID-19.
- □ Decline to state.

3. Consent for Communication with Health Care Provider

I affirm that my student has been diagnosed with a disability and/or medical condition and requires a face mask accommodation or exemption. I consent to the release and exchange of information between my student's medical provider(s) who complete this form, and Santa Paula Unified School District officials to discuss this request. I recognize that an exemption from wearing a face mask may result in my student being subject to heightened public health mitigation measures in accordance with public health guidance, such as increased quarantine requirements in the event of a potential COVID-19 exposure, periodic COVID-19 testing, enhanced physical distancing and/or cohorting requirements when feasible, and/or increased use of personal protective equipment (PPE) for staff who come in contact with my child.

Parent/ Guardian Name	Parent/Guardian Telephone
Signature of Parent/Guardian	Date

4. Medical Certification

As the student's health care provider, I certify that this student has been diagnosed with the following physical or mental health condition: _____ which substantially limits the student's ability to wear a face mask.

Degree of impairment:

- □ The student cannot wear a face mask at any time (explain below).
- □ The student is incapacitated to the extent that they are unable to remove a face covering without assistance.
- □ The student can wear a face mask at school, as tolerated, and requires:
  - □ Adult supervision while wearing a mask
  - □ Positive behavior supports and strategies
  - □ Mask breaks (in addition to those already built into the school day while eating or drinking, outdoors, etc.)
  - □ Removal if physical or emotional distress occurs
  - □ Other:

Reason(s) why it is not feasible for the student to wear a face mask:

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Based on the nature of the impairment and potential difficulty of maintaining physical distancing within the school environment:

- □ A transparent plastic face shield with a drape WOULD BE a reasonable alternative to a face mask.
- □ A transparent plastic face shield with a drape WOULD NOT BE a reasonable alternative to a face covering.
  Rationale:

Alternative recommendations for reducing transmission risk:

- □ This medical exemption is permanent
- □ This medical exemption is temporary. [Duration (end date or event): _____]

Name of Physician (Print)		Physician Office Address
Physician Signature	Date	Physician Phone Number and Email Address

FOR DISTRICT USE ONLY

Received date:		
School Nurse (Print name)	Date of Health Care Provider Contact	By (Print Name):
School Site Administrator (Print name)	Date of Parent Contact	By (Print Name):
□ IEP Meeting date (if applicable): □ 504 □ SST	Exemption: □ Approved □ Denied □ Approved with Conditions:	
Signed:		
Title:	Date:	