

# Face Mask Requirement for School Attendance Medical Exemption Statement for Children 2-18 Years of Age

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**Instructions:**

1. Complete information (name, DOB etc.).
  2. Complete contraindication/precaution information.
  3. Complete date exemption ends, if applicable.
  4. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.
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1. Patient's Name \_\_\_\_\_
  2. Patient's Date of Birth \_\_\_\_\_
  3. Patient's Address \_\_\_\_\_
  4. Name of Educational Institution \_\_\_\_\_
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Currently acceptable diagnoses to justify exemption:

- A previously documented neuromuscular disorder that makes it difficult for a child to remove a mask themselves, or
- A child with a previously diagnosed, severe developmental/behavioral problem, or
- A child with a diagnosis of Serious Emotional Disturbance (SED) or other significant mental health problem, currently in the care of a behavioral health team, and it is believed by this team that wearing a face mask would lead to worsening emotional harm.

Please describe the patient's contraindication(s)/precaution(s) here:

\_\_\_\_\_  
\_\_\_\_\_

Date exemption ends (if applicable):

\_\_\_\_\_

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*A New York State licensed physician (MD, DO, or Nurse Practitioner (NP), or Physician Assistant (PA), or licensed clinical Psychologist (PhD/PsyD)) must complete this medical exemption statement and provide their information below:*

Name (print) \_\_\_\_\_ NYS Medical License # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Institution Use ONLY: Medical Exemption Status  Accepted  Not Accepted Date: \_\_\_\_\_

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