

# Flushing Community Schools

## COVID-19 STUDENT FACE COVERING EXEMPTION REQUEST AND MEDICAL CERTIFICATION

Due to the COVID-19 pandemic and in compliance with state or local mandates/orders, Flushing Community Schools may require K-12 students to wear face coverings while at school.

Flushing Community Schools recognizes that some students may have a medical condition, mental health condition, or disability that prevents wearing a face covering. In order to receive an exemption from the State's face covering requirements, this form must be completed and returned to the school your child attends **prior** to **your student attending school without a face covering.**

**Please have your primary care provider complete the Medical Certification by doing one of the following:**

- A. Complete and sign the Medical Certification below.**
- B. Attach an email or note from the primary care provider outlining the same information as indicated below to this completed form.**

PARENT CERTIFICATION		
Student's Full Name:	School:	Grade:
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.)</p> <p><input type="checkbox"/> This medical exemption is permanent.</p> <p><input type="checkbox"/> This medical exemption is temporary. (Duration of temporary exemption ___/___/___)</p>		
Name of Physician - MD or DO only (Print):	Medical License #:	
	Physician's Phone #:	
Signature of Physician - MD or DO only:	Date:	