



COVID-19 REQUEST FOR FACE COVERING EXEMPTION DUE TO MEDICAL CONDITION

In connection with the COVID-19 pandemic, Ogden School District will require students and staff to wear face masks while in attendance in-person at school as required by applicable federal, state, or local laws, regulations, ordinances, emergency orders, or state/local school board action.

The District recognizes that some students and staff may have medical conditions that make it medically inadvisable or otherwise inappropriate to wear a face mask and accommodations may be needed.

Students must return completed form to the Student Health Office. Employees must return completed form to Human Resources. Masks are expected to be worn until approval is finalized by District Health Officials. Incomplete forms will be returned.

Name:	Date of Birth:	Grade/Position:
Home Address:	Name:	
Currently Has An: <input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Section 504 Plan/ ADA Plan <input type="checkbox"/> Health Care Plan <input type="checkbox"/> N/A		
I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with Ogden School District officials.		
Parent/Guardian/ Employee Name:	Telephone:	
Signature of Parent/Guardian/ Employee:	Date:	
MEDICAL CERTIFICATION (M.D., N.P., or P.A.)		
As the health care provider, I certify that the above named student/employee has a medical condition that substantially limits a major life activity <u>and</u> that makes it inadvisable for them to wear a face mask because:		
<input type="checkbox"/> it could cause serious harm or dangerously obstruct breathing.		
<input type="checkbox"/> the person is incapacitated to the extent he/she is unable to remove a face covering without assistance.		
This student/ employee has been diagnosed with the following medical condition:		
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State the reason(s) why it is not feasible for the student/ employee to wear a face covering:		
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<input type="checkbox"/> This medical exemption is permanent.		
<input type="checkbox"/> This medical exemption is temporary (duration of temporary exemption ____/____/____).		
Based on the nature of this student/ employee impairment and the potential difficulty of wearing an appropriate face mask, the school shall develop a plan that makes appropriate accommodations for the above named student/ employee while maintaining the safety of other students and district personnel. Recommended accommodations include:		
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Name of Physician (Print):	Medical License #:	
Signature of Physician:	Date:	
FACE COVERING EXEMPTION DETERMINATION		
(District Use Only)		
Face Covering Exemption: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Administrator Initials:	Date: