



# COVID-19 STUDENT FACE COVERING EXEMPTION

## [PRIOR WRITTEN NOTICE]

A student with an IEP or 504 plan may be exempted from the requirement to wear a face covering. This form is to be used when a student's IEP or 504 team initiates the request for an exemption. If a parent seeks an exemption, a medical professional signature and input is required for the team to consider in their decision making.

This form should be completed by the student's IEP case manager or 504 team leader and placed in the student's IEP/504 file. Not all disabilities necessitate an exemption. The reasons for the exemption must be explained below. Reasons may include intensive therapeutic or communicative practices that require viewing the face, severe emotional or behavioral outbursts resulting from the face covering, or other conditions known to the team that would necessitate the exemption.

### MEDICAL CERTIFICATION (M.D., N.P., or P.A.)

As the student's health care provider, I certify that this student has a physical or mental impairment that substantially limits a major life activity and which makes it inadvisable or impracticable for the student to wear a face covering.

This student has been diagnosed with the following physical or mental impairment:

State the reason(s) why it is not possible for the student to wearing a face covering:

This medical exemption is permanent.

This medical exemption is temporary (duration of temporary exemption \_\_\_\_/\_\_\_\_/\_\_\_\_).

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

A transparent plastic face shield WOULD BE a reasonable alternative to a face covering.

A transparent plastic face shield WOULD NOT BE a reasonable alternative to a face covering.

Name of Physician (Print):

Medical License #:

Signature of Physician:

Date:

### IEP/504 CERTIFICATION

Student's Full Name:

Student's Date of Birth:

Grade:

Student's Home Address:

School Name:

I affirm that this student has been identified as a student with a disability under the IDEA or Section 504 and that the student's disability necessitates exempting the student from wearing a face covering as described below. I affirm that my student has been diagnosed with the medical condition described below. I also consent to the release of related medical information and authorize my student's the medical provider to provide medical information to the 504/IEP team if deemed necessary.

This student has been found to have the following disability:

Exemption from the face covering requirement is necessitated by the following circumstances:

Recommended accommodations include:

An exemption from wearing a face mask and provision of alternate accommodations may require a modification of the student's current health care plan and/or IEP/504.

Parent(s) Contacted (name(s), date, and method):

Name of Case Manager/Team Leader (print):

Signature of Case Manager/Team Leader:

Date:

**STUDENT FACE COVERING EXEMPTION DETERMINATION**

(Administrator Use Only)

Face Covering Exemption:  Approved  Denied Administrator Initials & Date: