



COVID-19 STUDENT FACE COVERING EXEMPTION REQUEST AND MEDICAL CERTIFICATION

In connection with the COVID-19 pandemic and compliance with the Governor’s Executive Order, Ogden School District will require students to wear face coverings while in attendance in-person at school to the extent required by applicable federal, state, or local laws, regulations, ordinances, emergency orders, or state/local school board action.

Ogden School District recognizes that some students may have disabilities, medical conditions or mental health conditions for whom wearing a face covering may cause harm or obstruct breathing and thus we will reasonably accommodate these students.

In order to receive an exemption from applicable face covering requirements, this form must be completely filled out and returned to the school your child attends **PRIOR TO THE FIRST DAY OF PHYSICAL ATTENDANCE**. **Signature below authorizes two way communication between Ogden school District and the provider listed below.**

Student’s Full Name:	Student’s Date of Birth:	Grade:
Student’s Home Address:	School Name:	
Parent/Guardian Name:	Parent Telephone:	
Signature of Parent/Guardian:	Date:	

REQUEST FOR MASK OR FACE COVERING EXEMPTION

My student has a:

- physical impairment that prevents them from wearing a face covering.

Physical Impairment:	<input type="checkbox"/> I will provide the school with documentation by having my provider complete the form below and returning it to the school office.
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- disability that prevents them from wearing a face covering

Disability:	<input type="checkbox"/> I will provide the school with documentation by having my provider complete the form below and returning it to the school office.
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- mental health condition that prevents them from wearing a face covering

Mental Health Condition:	<input type="checkbox"/> I will provide the school with documentation by having my provider complete the form below and returning it to the school office.
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- medical condition

Medical Condition:	<input type="checkbox"/> I will provide the school with documentation by having my provider complete the form below and returning it to the school office.
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MEDICAL CERTIFICATION

● 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 and 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.)

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:



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