



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

In connection with the COVID-19 pandemic and in accordance to the Critical Factor Report Card published by the Delaware Public Health District, the DCS will require students to wear face coverings while in attendance in-person at school during elevated levels of community infection.

DCS 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.**

Student's Full Name:	Student's Date of Birth:	Grade:
School Name:	Parent Telephone:	
Parent/Guardian Name:	Parent Email:	
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:

- I will provide the school with documentation by having my provider complete the form below and returning it to the school office.

- disability that prevents them from wearing a face covering

Disability:

- I will provide the school with documentation by having my provider complete the form below and returning it to the school office.  
 The school has documentation.

- established religious requirements prohibiting the wearing of facial covering.



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- mental health condition that prevents them from wearing a face covering

Mental Health Condition:	<input type="checkbox"/> The school has documentation of the 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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- 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: