



## COVID-19 STUDENT FACE COVERING REQUEST FOR EXEMPTION DUE TO MEDICAL CONDITION OR DISABILITY

In connection with the COVID-19 pandemic and to protect the health and safety of our school community, the Paso Robles Joint Unified School District will require students to wear face coverings when attending in-person learning on campus. The District recognizes that some students have medical conditions or disabilities that prevent them from wearing a face mask or other face covering. This form should be used by parents/guardians who are seeking an exemption to this requirement. It is important to note that in order to receive a medical or disability related exemption, the medical condition or disability **must prevent the student from wearing a face covering.** A medical condition or disability does not automatically exempt a student from wearing a face covering.

In order to receive an exemption from applicable face covering requirements and return to in-person learning, **this form must be completely filled out and returned to your school site.**

Student's Full Name:	Student's Date of Birth:	Grade:
School Name:	Teacher:	
I affirm that my student has been diagnosed with the medical condition or cognitive impairment described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with Paso Robles Joint Unified School District officials.		
Parent/Guardian Name:	Parent Telephone:	
Signature of Parent/Guardian:	Date:	
<b>MEDICAL CERTIFICATION: Please check all appropriate boxes</b>		
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 <u>and</u> which makes it medically inadvisable, impractical, or impossible for the student to wear a face covering because: <input type="checkbox"/> it could cause harm or dangerously obstruct breathing. <input type="checkbox"/> the student is incapacitated to the extent he/she is unable to remove a face covering without assistance. <input type="checkbox"/> student's cognitive disability prevents him/her from wearing a face covering.		
This student has been diagnosed with the following medical condition or cognitive impairment: <hr/>		
<input type="checkbox"/> This medical exemption is permanent. <input type="checkbox"/> This medical exemption is temporary (temporary exemption ends on ____ . ____ . ____ ) <input type="checkbox"/> I authorize staff to work with this student in an effort to increase mask wearing ability.		
Based on the nature of this student's impairment and the potential difficulty of maintaining physical distancing within the school environment: <input type="checkbox"/> A transparent plastic face shield with a drape WOULD BE a reasonable alternative to a face covering. <input type="checkbox"/> A transparent plastic face shield WOULD NOT BE a reasonable alternative to a face covering.		
Name of Medical Provider (Print):	Medical License #:	
Signature of Medical Provider:	Date:	