

COVID-19 Student Face Covering Exemption Request and Medical Certification



In accordance with the District’s Return to School Plan, the District will require students to wear face coverings while indoors at District facilities.

The District recognizes that some students may have conditions which will make wearing a face covering difficult. In order to receive an exemption from the applicable face covering requirements, this form must be completely filled out and emailed to the School District Nurse, Kate Brohmer, at brohmer.kate@wsalem.k12.wi.us.com.

Student Name	Student Date of Birth
Home Address	School/Grade
Student Currently Has:	
<input type="checkbox"/> Individualized Education Program (IEP)* <input type="checkbox"/> Section 504 Plan* <input type="checkbox"/> N/A	
<i>*If this is a student with a disability and the request to be exempt from wearing a face covering is related to the disability, please contact your child’s IEP teacher, 504 case manager or school nurse for the health plan before proceeding further.</i>	

TO BE COMPLETED BY THE STUDENT’S HEALTH CARE PROVIDER: Medical Certification
<p>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 wearing a face covering may cause harm or obstruct breathing which makes it medically inadvisable or impracticable for this student (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.) because:</p> <p>It could cause harm or dangerously obstruct breathing at all times.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, but the student could benefit from:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Breaks in addition to those already built into the school day (breakfast, lunch, outdoor recess).</p> <p style="padding-left: 40px;"><input type="checkbox"/> Removal if respiratory distress occurs.</p>
<p>State the reason(s) why it is not medically advisable for the student to wear a face covering (attach additional pages if necessary):</p>

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. Additional Recommendations Include:

Additional Recommendations Include:

This medical exemption is permanent.

This medical exemption is temporary. (Duration of temporary exemption ___ / ___ / ___)

Name of Physician (Print)

Date

Signature of Physician

Name of Employing Provider

Provider Address

Provider Phone Number

TO BE COMPLETED BY THE PARENT:

Authorization for Two-Way Communication with Medical Provider

I certify that I am the Parent/Legal Guardian of the Student, or that I am the Student and am of majority age, and have the authority to sign this consent. I affirm that the Student has been diagnosed with the medical condition described above. I consent to the release of related medical documentation and authorize the medical provider identified above to discuss the Student's condition with District officials. I recognize that this exemption from wearing a face mask may result in the Student being quarantined in the event of a COVID exposure. I have the right to revoke this authorization. I understand that my revocation is effective only if it is in writing and it is submitted to the School District of West Salem.

Parent/Guardian Name

Parent/Guardian Telephone

Signature Of Parent/Guardian

Date

DISTRICT USE ONLY - STUDENT FACE COVERING EXEMPTION DETERMINATION

Face Covering Exemption: Approved Denied

Administrator Initials and Date: