

FACE COVERING EXEMPTION REQUEST PROCESS

Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering are exempt from wearing face coverings at all times. Per the CDPH, this includes persons with a medical condition for whom wearing a facial covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance. Such conditions are rare.

It is important to note that in order to receive a medical- or disability-related exemption, the disability **must prevent the student from wearing a face covering. A disability does not automatically exempt a student from wearing a face covering.**

Step 1: Parent makes a request for a student to be exempt from wearing a face covering. Parent may opt to provide medical documentation that a student cannot wear a face covering due to a medical condition, mental health condition, or disability. The medical note will be submitted to the school nurse.

- Nurse will secure a Release of Information from Parents and contact the medical provider to clarify the medical provider's order and/or rationale.
 - Note: The sample exemption form includes a release of information for the parents to sign.
- If the Parents do not provide medical documentation that the student cannot wear a face mask due to a medical condition, mental health condition, or disability, the school should offer a health assessment to assess the student's needs related to facial coverings.

Step 2: The request must be discussed by the student's "school district health team and therapists," which typically is the student's IEP or Section 504 team..

- At the meeting, the IEP team/Section 504 team must examine the student's disability and whether the student's medical condition, mental health condition, or disability prevents the student from wearing a face covering.
- Critical members of these teams would include a school psychologist and school nurse, along with other mandatory members of these teams, to include but not be limited to the student's teachers.
- If the team determines that the student's medical condition, mental health condition, or disability prevents the student from wearing a face covering, then an exemption will be approved if it is determined that the student can be educated safely in-person without posing a direct threat to the health or safety of others.
 - If an exemption is granted, the team must determine what non-restrictive alternative the student can wear, such as a face shield with a drape on the bottom edge. Some conditions will not permit a non-restrictive alternative.
- If the team maintains that the student's disability does not prevent the student from wearing a face covering, then the student will be required to wear a face covering to access in-person instruction. However, the IEP/Section 504 team will want to develop a behavior plan and/or other method to increase student's tolerance to wearing a face covering. If the parent refuses to have his/her child wear a face covering despite that the IEP/Section 504 team has found an exemption is not warranted, then the student will be required to remain on distance learning instruction.

- If the IEP team/Section 504 team approves the exemption, then the school site should take health and safety steps to ensure that the student does not pose a health and safety risk to other students, such as maintain the student behind plexiglass, developing a plan that will ensure that the student maintains 6 ft social distancing, and consideration of physical placement of the child in the classroom, among other reasonable safety precautions.
- If the student's medical condition or disability puts him/her at a greater risk of contracting COVID-19, the nurse should consider whether the student can safely attend in-person instruction.

Step 3: If a student begins attending in-person instruction under an exemption, and the school determines that the student cannot safely attend school without a mask, the school may revoke the exemption.

- Possible examples of such a situation include: the exempt student is unable to remain behind their plexiglass barrier, the exempt student is unable to maintain safe distance from others, or the exempt student engages in behavior that increases the risk of the transmission of bodily fluids to others.
- After analyzing the student in the in-person classroom environment, the school may determine that accommodating the student through an exemption poses a direct threat to the health or safety of others, and therefore the school cannot safely provide the student with an exemption to the face covering requirement.
- After such analysis, the school may decide to revoke the student's exemption to the face covering requirement. The school may require the student to wear a face covering during in person instruction, or provide the student with distance learning. The school must continue to provide the student with a FAPE in distance learning.



Student Mask Exemption Request & Medical Certification Form

In compliance with the State Public Health Order dated July 17, 2020, District students will be required to wear face coverings, herein termed “mask”, while attending 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.

The District recognizes that some students may have medical conditions, disabilities, or mental health conditions for whom wearing a face covering or attending school in-person may be detrimental, and thus the District will reasonably accommodate these students.

To receive an exemption from wearing a mask or attending school in-person, this form must be completely filled out and returned to school PRIOR TO THE FIRST DAY OF ATTENDANCE. Your student’s IEP/Section 504 team will need to meet to discuss this request for exemption and review appropriate accommodations.

Student’s Full Name	Student ID Number	Student Date of Birth
Home Address	School	Grade
Student Currently Has <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Other specific school health orders <input type="checkbox"/> N/A		

Parent Consent for Two Way Communication	
I affirm that my student has been diagnosed with the medical condition(s) described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with School District officials.	
Parent/Guardian Name (print)	Date
Parent/Guardian Signature	

Parent Consent to Mask Exemption	
Cloth coverings over the nose and mouth are one of the best measures for preventing the transmission of COVID-19 (please initial)	
<p>_____ I understand that by my child not wearing a face mask, they are at higher risk for exposure to and transmission of COVID-19.</p> <p>_____ I recognize this exemption to wear a face mask may result in my student being quarantined in the event of a COVID exposure.</p> <p>_____ I understand there is no evidence to support the use of a face shield and/or plexiglass as a suitable alternative to masking.</p> <p>_____ I understand I can discuss alternative educational opportunities that place my student at lower risk of COVID exposure with the School District.</p>	
Parent/Guardian Name (print)	Date
Parent/Guardian Signature	

Medical Certification

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

- Is incapacitated to the extent he/she is unable to remove the mask without assistance
- Is at risk of harm or dangerous obstruction of breathing at ALL times

It is not feasible for the student to wear a face covering due to:

- Sensory sensitivity, e.g. autism spectrum disorder
- Is so severely cognitively affected they do not understand the concept of masking
- Other (please specify): _____
- Not applicable

This student is at moderate or high risk for severe disease if they contract COVID.

Moderate Risk

- Moderate to severe asthma
- Cerebrovascular disease
- Cystic fibrosis
- Hypertension or high blood pressure
 - Immune compromised from blood or bone marrow transplant, immune deficiency, HIV, or use of corticosteroids or other medications that weaken the immune system
- Liver disease
- Obesity (BMI 95-<99%)
- Pregnancy
- Pulmonary fibrosis
- Smoking
- Thalassemia
- Type 1 diabetes mellitus

High Risk

- Cancer
- Chronic kidney disease
- COPD
 - Immune compromised from solid organ transplant
- Serious heart condition – heart failure, coronary artery disease, cardiomyopathy
- Severe obesity (BMI >99%)
- Sickle cell disease
- Type 2 diabetes mellitus

Additionally for children, consider:

- Neurologic conditions
- Genetic conditions
- Metabolic conditions
- Congenital heart disease

If neurologic, genetic, metabolic, or congenital heart disease (please specify): _____

Other (please specify) _____

- Not applicable

Based on the nature of this student's impairment and potential difficulty 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

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

- IS** at greater risk for contracting COVID and online education should be considered
- IS** at greater risk for contracting COVID but that risk does not outweigh the impact of not attending school in-person
- IS NOT** at greater risk for contracting COVID

This student should be considered for online or one-on-one education due to:

- The potential need for commonly-considered aerosol generating procedures (AGPs), e.g. nebulized treatments, open airway suctioning, or manual ventilation
- The student's inability to effectively manage airway secretions
- Other (please specify) _____



<input type="checkbox"/> This medical exemption is valid through the 2020-2021 academic year. <input type="checkbox"/> This medical exemption is temporary through:	
Date	Address/Telephone
Name of Provider (Print)	
Provider Signature	Medical License

To be completed by school administrator:

Medical Exemption - Facemask, Recommended? Yes _____ No _____

Medical Exemption - Faceshield with drape, Recommended? Yes _____ No _____

Nurse Signature: _____ Date: _____

Site Administrator Signature: _____ Date: _____

Comments: