



Face Mask Requirement for School Attendance
Medical Exemption Statement for Children 2-18 Years of Age

Instructions:

1. Complete information (name, DOB, etc.)
2. Complete contraindication/precaution information.
3. Complete date exemption ends, if applicable.
4. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

1. Patient's Name _____
2. Patient's Date of Birth _____
3. Patient's Address _____
4. Name of Educational Institution _____

Examples of diagnosis to justify exemption include:

- A previously documented neuromuscular disorder that makes it difficult for a child to remove a mask themselves, or
- A child with a previously diagnosed, severe developmental/behavioral problem, or
- A child with a diagnosis of Serious Emotional Disturbance (SED) or other significant mental health problem, currently in the care of a behavioral health team, and it is believed by this team that wearing a face mask would lead to worsening emotional harm.

Please describe the patient's contraindication(s)/precaution here:

Date exemption ends (if applicable):

A New York State licensed physician (MD< DO< or Nurse Practitioner (NP), or Physician Assistant (PA), or licensed clinical Psychologist (PHD/PsyD) must complete this medical exemption statement and provide their information below:

Name (print) _____ NYS Medical License# _____

Address _____

_____ Telephone _____

Signature _____ Date _____

For Institution Use Only: Medical Exemption Status Accepted Not Accepted Date _____