



GPS STUDENT FACE COVERING EXEMPTION FORM

Please complete the top section before giving it to your healthcare provider.

Please print the following information as clearly as possible.

School Building: _____

Student Name (First & Last): _____

Parent/Guardian Name (First & Last): _____

The above-named individual requires documentation that they are unable to wear a facial covering due to a medical condition. Schools are required to obtain this documentation as they are with any other accommodation*. We appreciate your time and assistance in this matter.

The above-named individual cannot medically tolerate a face covering due to the following medical condition:

- ☐ Medical condition that causes trouble breathing
- ☐ Medical condition that makes them unable to remove the cloth face covering without assistance
- ☐ Other: Please specify: _____

If unable to medically tolerate a face covering, this student is able to use a face shield:

- ☐ Yes
- ☐ No

Healthcare provider name: _____

Signature: _____ Date: _____

Phone Number: _____

Received By (School Employee): _____ Date _____

**This list of acceptable conditions along with the guidance for schools to require this documentation from a medical professional has been provided by the state of Michigan and can be found at*

https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-535121--,00.html