

MEDICAL CERTIFICATION FOR STUDENT FACE COVERING EXEMPTION / ACCOMMODATION

In accordance with guidance established by the Illinois Department of Public Health and the Illinois State Board of Education, all students must wear face coverings over their nose and mouth at all times while in public school buildings and on school buses, even when maintaining social distance (where individuals remain 6 feet apart from each other). Face coverings are not required on school property outside of the buildings if individuals are able to remain 6 feet apart from each other. The guidance exempts individuals from wearing a cloth face covering if they:

- have a medical contraindication,
- have trouble breathing, or
- are unconscious, incapacitated, or unable to remove the face covering without assistance.

Students who have a medical contraindication to using a face covering may request an exemption or an accommodation, such as wearing a face shield with additional social distancing, additional safety and hygiene measures, or remote learning. The District will consider but cannot guarantee that an exemption or specific accommodation can be granted.

Student Name _____ DOB _____

Student Address _____

Parent / Guardian Name _____

Parent / Guardian Phone Number _____

School Name _____ Grade _____

**TO BE COMPLETED BY PHYSICIAN LICENSED TO PRACTICE MEDICINE IN ALL ITS
BRANCHES, APRN, PA or AUDIOLOGIST (DHH STUDENTS):**

1. Check all that apply and provide explanation:

Medical Contraindication to Wearing Cloth Face Covering _____

Expected Duration of Contraindication _____

Medical Condition that Limits Student's Ability to Wear Face Covering_____

Expected Duration of Medical Condition _____

Other Factors that Limit Student's Ability to Wear Face Covering_____

Expected Duration of Other Factors: _____

2. Can the student wear a cloth face covering for any part of the school day? If so, when? _____

3. Are there any conditions under which the student can wear a cloth face covering at school? _____

4. If a student is exempt from wearing a face covering, what accommodations, if any, are recommended to maintain the student's health and safety and to maintain the health and safety of others in the school environment? _____

5. What accommodations, if any, are recommended to maintain the student's health or safety if the student would be in contact with other students who are exempt from wearing a face covering? _____

6. Is the student able to wear a face shield? _____

Printed Name of Physician, APRN, PA or Audiologist _____

Provider Address _____

Provider Telephone Number (including area code) _____

Original Signature of Physician, APRN, PA or Audiologist

FOR DISTRICT USE:

Date Completed Form Received _____