

# Face Covering Exemption Form

*PLEASE COMPLETE THIS SECTION BEFORE GIVING IT TO YOUR HEALTHCARE PROVIDER:*

Student/School Staff Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

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.

\_\_\_\_\_ Has neither of the above contraindications to mask use if unable to medically tolerate a face covering, this student/staff member is able to use a face shield.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Healthcare provider name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*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\\_98455-5351214,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-5351214,00.html) .