

## Medical Excusal for Mask Exemption

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

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

School Building: \_\_\_\_\_

Grade: \_\_\_\_\_

IEP \_\_\_ or 504 \_\_\_ Regular Ed \_\_\_

Medical condition warranting mask exemption: \_\_\_\_\_  
\_\_\_\_\_

Is a face shield in lieu of a mask a reasonable accommodation? \_\_\_ Yes \_\_\_ No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_

Physician Office: \_\_\_\_\_

Physician Office Address: \_\_\_\_\_

Physician Office Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_