



STUDENT MASK EXEMPTION FORM
2021 – 2022 SCHOOL YEAR

MEDICAL PROFESSIONAL DETERMINATION REGARDING CONDITIONS FOR MASK EXEMPTION

Name of Student: _____ SID: _____

Name of School: _____ Grade Level: _____

PARENT AUTHORIZATION: I represent that I am the parent/guardian of the above-listed student. By signing below, I authorize the physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician, as indicated below, to provide information to the District to verify that my child is exempt from wearing a face mask.

Signature: _____ Date: _____

Print Name: _____

EXEMPTION (to be completed and signed by physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician):

___ a. The above-named student has one of the following conditions that prevents him/her from wearing a mask at the beginning and through the end of the 2021 – 2022 school year (**mark as applicable**):

- ___ Medical condition. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
- ___ Mental health condition.
- ___ Disability.

Please mark if the exemption is due to a medical condition and the following is applicable (leave blank if not applicable):

- ___ The student's medical condition **permits** him/her to wear a non-restrictive alternative to a mask, such as a face shield with a drape on the bottom edge.

___ b. The student is hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.

By signing below, I represent that I am a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician and have assessed and determined that the above-named student has the condition(s) marked above that prevents him/her from wearing a mask. I understand that I will be contacted by Clovis Unified School District to confirm the exemption.

Signature: _____

Print Name: _____

Address: _____

Phone No.: _____ Email: _____

Sources: CDPH Guidance for the Use of Face Coverings (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>) and K-12 Schools Guidance 2021-2022 Questions & Answers (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Schools-FAQ.aspx>).