



FACE COVERING EXEMPTION REQUEST FORM

Date: _____

Name: _____

Parent/Guardian submitting request (if applicable):

Request is for a:

- Student
- District Employee
- District Volunteer
- Visitor

Reason for exception from use of face covering requirements:

- Is not advisable for a specific health reason or an individual's disability and medical documentation has been provided.
- Would violate a district and/or school documented safety policy that applies to requestor
- There is a functional (practical) reason not to wear a facial covering in the workplace (employee/volunteer)
- Compliance would be in violation of a documented industry standards (employee/volunteer)
- Prohibited by an applicable law or regulation

Explanation of selected reason:

Documentation (attach) that supports the request:

Proposed accommodation/alternative approach request (i.e. use of face shield, alternate mask fabric, etc.):

For Internal District Use ONLY

Date Request Received:

Date Request Meeting/Call Held:

- Request Denied
- Facial Covering Exemption Approved

Accommodations:

Date written decision sent (to parent if student request):