

COVID-19 Face Covering Medical Exemption Form



STUDENT COVID-19 Guidance: Last Updated 8/6/21

All students (ages 5 and older) and staff at Sterling are expected to wear cloth face coverings while indoors, except while actively eating or drinking or during designated mask breaks.

Requests for exceptions to this rule will be considered on a case-by-case basis for students with a medical condition or disability that renders mask-wearing harmful or medically inadvisable. Students or staff who previously received face covering accommodations during the 2020-21 school year do not need to reapply.

INSTRUCTIONS:

If you are a parent or legal guardian of a student whom you identify as unable to comply with the face covering requirement and you are requesting an accommodation for your student, please use this form to make the request and ask your child’s current medical provider to complete the certification portion. **Requests should be submitted to the Executive Director.**

Student Name:	Student Date of Birth:
Home Address:	Grade Level:
Student Currently Has:	
Individualized Education Program (IEP)	Section 504 Plan
Medical Plan	N/A
Reason for request for accommodation:	
Identify the accommodation you are requesting:	
For my child to be provided extra breaks to remove their face covering	
For my child to be excused from wearing a face covering during certain activities	
Specify Activities:	
For my student to be excused from wearing a face covering during the school day	
Other:	

Parent Consent for Two Way Communication

I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with Sterling administration.

Parent/Guardian Name:	Parent/Guardian Signature:
Date:	Parent Phone Number:
Medical Provider Name:	Medical Provider Phone Number:

Medical Certification (to be completed by Licensed Healthcare Provider)

As the student's healthcare provider, I certify that this student has a physical, medical or mental impairment that substantially limits a major life activity AND this condition interferes with the student's ability to wear a face covering during school hours.

Yes and **I will make myself available to meet with school administration and potentially other physicians to review the student's medical needs.**

No

Please identify the medical condition and how it impacts the student's ability to wear a face covering:

Recommendation: Please select one.

The student is incapacitated to the extent of being unable to remove a face covering without assistance.

A face covering could cause harm, is inadvisable/impracticable, or dangerously obstructs breathing at ALL times.

Face coverings can be worn to some extent, but due to the student's condition I recommend:

Breaks from face covering in addition to those already built into the school day (breakfast, lunch, outdoor recess)

Removal if respiratory distress occurs

For student to be excused from wearing a face covering during certain specific activities

Specify activities:

Use of an alternative or modified face covering if deemed safe (identify modification)

Name of Health Care Provider (Print):

Signature of Health Care Provider:

Date:	Telephone:
For Sterling Montessori Staff use only	
Request is approved	
Request is denied No medical documentation More information needed - please specify below:	
Executive Director Signature:	Date: