BERLIN BROTHERSVALLEY SCHOOL DISTRICT
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"HOME OF THE MOUNTAINEERS"

Dr. David F. Reeder
Superintendent

Lori Gindlesperger
Business Manager

"Educational Excellence, Community Engagement, Lifelong Success"

Medical Exemption for Covid 19 Mask/Face Covering Requirement
2020-2021

Student Name: _____ DOB:_____

The above named student is requesting medical exemption for the requirement of wearing a face covering during school hours and also while in transport to and from school.

If the student cannot wear a CDC approved/recommended facial covering, do you feel in this student's situation a **face shield** would be an appropriate accommodation? Please answer yes or no and sign with a signature and date: _____

(If the answer is yes - there is no need to complete the rest of this form - please sign)

(If the answer was no - please continue and fill out this form in its entirety)

_____

Provider Signature (MD, DO, CNP, or PA authorization only) Date

In my professional opinion the above named student **cannot** wear a face mask/ covering or a face shield due to the following diagnosis/es:

_____

_____

If the Child cannot wear a mask, face covering/face shield, do you feel they can safely attend in person school (in the school building with other students/staff) _____

_____

_____

Please feel free to add any other information you feel would be beneficial in the care of this student regarding the current Pandemic situation?

_____

_____

If the above diagnosis is related to a respiratory condition - please initial here that you have discussed with the parent/guardian the student's appropriate medical regimen and the importance of having updated medication orders and in date inhalers/medications at school to support their student's respiratory condition. (Initials) _____

_____

Provider Signature (MD, DO, CNP, or PA authorization only) Date