



COVID-19 Student Face Covering Exemption Request and Medical Certification

(Hmong)

Hauv kev sib txuas nrog tus kab mob COVID-19 kis thoob qhov txhia chaw thiab ua raws li hauv *State Emergency Order # 1*, City of of Green Bay Common Council [Daws Teeb Meem Pab Npog Ntsej Muag](#), thiab hauv *Green Bay Area Public School District Board of Education* lub Yim Hli 3, 2020, kev pom zoo los ntawm Tsev Ntawv Rov Kho Tsev Kawm Ntawv lub Hom Phiaj, *District's Reimagining Schools Plan*, hauv Tsev Ntawv yuav kom cov menyuam yuav tsum tau npog ntsej muag thaum tuaj kawm ntawv tim ntsej-tim muag nyob hauv tsev kawm ntawv lossis thaum nyob hauv Tsev Ntawv tej chaw losis tej chaw raws li tsoom fww, hauv xeev, lossis tej cai hauv ib cheeb tsam, tej kev cai, kab ke, muaj xwm ceev kom tau ua raws, lossis cov Thawjcoj ntawm Kev Kawm Txuj kev txiav txim siab.

Hauv Tsev Ntawv pom tias ib txhia menyuam yuav muaj xwm txheej uas yog npog ntsej muag ces yuav nyuaj heev. Qhov yuav kom zam tau ntawm qhov yuav tsum tau npog ntsej muag, tsab ntawv no yuav tsum tau ua kom tiav thiab xa email tuaj rau hauv Tsev Ntawv tus Thawjcoj Naas Maum, Kristen Johnson, kajohnson4@gbaps.org, UA NTEJ (1) THAWJ HNUB MUS KAWM TIM NTSEJ-TIM MUAG; LOSSIS (2) THAWJ HNUB MUS TSHWM HAUV TSEV NTAWV TEJ TSEV LOSSIS TEJ CHAW; lossis (3) KEV MUS LOS SIB CUAG UAS HAUV TSEV NTAWV-UA TUS THEM NYIAJ RAU COV TSHEB NPAV LOSSIS LWM YAM LOS NTAWM TSEV KEV KEV PAB THAUM MUS LOS.

Menyuam Npe	Menyuam ID Najnpawb	Menyuam Hnub Yug
Tsev Chaw Nyob		Tsev Ntawv/Qib
Menyuam Tam sim no muaj:		
<input type="checkbox"/> Individualized Education Program (IEP)* <input type="checkbox"/> Section 504 Plan* <input type="checkbox"/> Individualized Health Plan* <input type="checkbox"/> N/A		
*Yog tus menyuam no muaj kev xiam oob khab thiab yuav tsum tau zam qhov npog ntsej muag vim yog nws qhov kev xiam oob khab, thov cuag rau menyuam tus kwsqhia IEP, 504 case manager losis tsev ntawv tus naas maum qhov kev npaj ua ntej lis hauv lwm mus ntxiv.		

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROVIDER:
Medical Certification
<p>As the student's health care provider, I certify that this student has a physical, medical or mental impairment that substantially limits a major life activity <u>and</u> that wearing a face covering may cause harm or obstruct breathing which makes it medically inadvisable or impracticable for this student (examples include but are not necessarily limited to respiratory impairments, hearing impairments requiring the use of facial/mouth movements, physical impairments that make it difficult to easily wear or remove a face covering, sensory impairments, etc.) because:</p> <p style="margin-left: 20px;">It could cause harm or dangerously obstruct breathing at all times.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Yes.</p> <p style="margin-left: 40px;"><input type="checkbox"/> No, but the student could benefit from:</p> <p style="margin-left: 80px;"><input type="checkbox"/> Breaks in addition to those already built into the school day (breakfast, lunch, outdoor recess).</p> <p style="margin-left: 80px;"><input type="checkbox"/> Removal if respiratory distress occurs.</p> <p>OR</p> <p style="margin-left: 40px;"><input type="checkbox"/> The student could become unconscious, is incapacitated or otherwise unable to remove his/her own face covering without assistance.</p>
<p>State the reason(s) why it is not medically advisable for the student to wear a face covering (attach additional pages if necessary):</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

Based on the nature of this student's impairment and the potential difficulty of maintaining physical distancing within the school environment:

- A transparent plastic face shield WOULD BE a reasonable alternative to a face covering.
- A transparent plastic face shield WOULD NOT BE a reasonable alternative to a face covering.

Additional Recommendations Include:

- This medical exemption is permanent.
- This medical exemption is temporary. (Duration of temporary exemption ___/___/___)

Name of Physician (Print)	Date
Signature of Physician	
Name of Employing Provider	
Provider Address	Provider Phone Number

**YUAV TAU UA KOM TIAV LOS NTAWM NIAMTXIV:
Kev Tso Cai rau Ob-Tog Sib Txuas Lus nrog tus Kws Kho Mob**

Kuv lav tau tias kuv yog tus Niamtxiv/Saibxyuas raws txoj cai ntawm tus Menyuam, lossis tias kuv yog Tus Menyuam thiab muaj hnuv nyoog txaus, thiab muaj cai los xee npe rau tsab ntawv no. Kuv lees paub tias tus Menyuam yeej muaj tus mob mus raws li kev mob nkeeg uas tau hais nyob saum toj no. Kuv pom zoo tso tej ntaub ntawv li kev muaj tus mob thiab tso cai rau tus kws kho mob uas qhia nyob saum toj no muab tau tej ntaub ntawv li tau tham txog tus Menyuam tus mob nrog hauv Tsev Ntawv tej neeg lis dej num. Kuv paub tias kev zam qhov coj daim ntaub npog qhov ncauj tej zaum tus Menyuam kuj yuav raug cais tawm thaum paub tias kis tus kab mob COVID lawm. Kuv muaj cai tshem tawm qhov tso lus no, tsuas tsis yog qhov kev qhia tawm uas twb tau ua raws qhov kev tso cai no. Kuv nkag siab tias txoj kev tshem tawm tsuas tshwm sim tau los ntawm kev sau ntawv thiab xa tuaj mus rau qhov chaw tso tej lus tawm tau xwb.

Niamtxiv/Saibxyuas Npe	Niamtxiv tus Xovtooj
Xee npe los ntawm Niamtxiv/Saibxyuas	Hnuv

DISTRICT USE ONLY - STUDENT FACE COVERING EXEMPTION DETERMINATION	
Face Covering Exemption: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Administrator Initials and Date: