



COVID-19 Student Face Covering Exemption Request and Medical Certification

In connection with the COVID-19 pandemic and compliance with the State Emergency [Order # 1](#), City of of Green Bay Common Council [Resolution Providing Face Coverings](#), and Green Bay Area Public School District Board of Education August 3, 2020, motion adopting the District’s Reimagining Schools Plan, the District will require students to wear face coverings while in attendance on-site at school or while present in a District building or location to the extent required by applicable federal, state, or local laws, regulations, ordinances, emergency orders, or Board of Education action.

The District recognizes that some students may have conditions which will make wearing a face covering difficult. In order to receive an exemption from the applicable face covering requirements, this form must be completely filled out and emailed to the District’s Lead Nurse, Kristen Johnson, kajohnson4@gbaps.org, PRIOR TO (1) THE FIRST DAY OF ON-SITE ATTENDANCE; OR (2) THE FIRST DAY PRESENT IN A DISTRICT BUILDING OR LOCATION; or (3) TRANSPORTATION ON A DISTRICT-FUNDED BUS OR OTHER FORM OF DISTRICT TRANSPORT.

Student Name	Student ID Number	Student Date of Birth
Home Address		School/Grade
Student Currently Has:		
<input type="checkbox"/> Individualized Education Program (IEP)* <input type="checkbox"/> Section 504 Plan* <input type="checkbox"/> Individualized Health Plan* <input type="checkbox"/> N/A		
*If this is a student with a disability and the request to be exempt from wearing a face covering is related to the disability, please contact your child’s IEP teacher, 504 case manager or school nurse for the health plan before proceeding further.		

TO BE COMPLETED BY THE STUDENT’S HEALTH CARE PROVIDER:
Medical Certification

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 and 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:

It could cause harm or dangerously obstruct breathing at all times.

- Yes.
- No, but the student could benefit from:
 - Breaks in addition to those already built into the school day (breakfast, lunch, outdoor recess).
 - Removal if respiratory distress occurs.

OR

- The student could become unconscious, is incapacitated or otherwise unable to remove his/her own face covering without assistance.

State the reason(s) why it is not medically advisable for the student to wear a face covering (attach additional pages if necessary):

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

TO BE COMPLETED BY THE PARENT:
Authorization for Two-Way Communication with Medical Provider

I certify that I am the Parent/Legal Guardian of the Student, or that I am the Student and am of majority age, and have the authority to sign this consent. I affirm that the Student has been diagnosed with the medical condition described above. I consent to the release of related medical documentation and authorize the medical provider identified above to discuss the Student's condition with District officials. I recognize that this exemption from wearing a face mask may result in the Student being quarantined in the event of a COVID exposure. I have the right to revoke this authorization, except to the extent that disclosure has already been made in reliance on this authorization. I understand that my revocation is effective only if it is in writing and it is submitted to the agency that is releasing information.

Parent/Guardian Name	Parent Telephone
Signature of Parent/Guardian	Date

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