



COVID-19 Visitor 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 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 txhua tus neeg tuaj tsham (visitors), nrog rau tej neeg cog lus tuaj lis hauj lwm kom tiav thiab lwm pawg neeg sab nraum, kom npog ntsej muag thaum tuaj tim ntsej-tim muag hauv tsev kawm ntawv thiab lossis hauv Tsev Ntawv tej chaw lossis tej chaw raws li tsoom fvv, 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 muaj ib txhia neeg tuaj tsham tej zaum kuj xiam oob qhab lossis muaj tus mob uas coj lub npog ntsej muag yuav ua kev meem txom thiab ua tsis taus pa. 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 ZAUG TUJ HAUV TSEV NTAWV, TEJ TSEV LOSSIS TEJ CHAW; lossis (2) KEV MUS LOS SIB CUAG UAS TSEV NTAWV UA TUS THEM NYIAJ TSHEB NPAV LOSSIS LWM YAM NTAWM TSEV NTAWV KEV MUS LOS SIB CUAG UAS TSSI TAS NPOG NTSEJ MUAG.

Npe	Tsev Ntawv/lub Tsev (<i>Building</i>)/Qhov Chaw Tuaj Tsham
Chaw Nyob	Najnpawb Xovtooj

**TO BE COMPLETED BY THE INDIVIDUAL'S MEDICAL PROVIDER:
Medical Certification**

As the individual's health care provider, I certify that this individual has a physical, medical or mental impairment that substantially limits a major life activity and that a face covering may cause harm or obstruct breathing which makes it inadvisable or impracticable for the individual to wear (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 individual could benefit from:
 - Breaks in addition to those already built into the work day.
 - Removal if respiratory distress occurs.

OR

- The individual 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 individual to wear a face covering (attach additional pages if necessary):

Based on the nature of this individual's impairment and 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 TUS NEEG TUAJ:

Kuv lees tias kuv tau mus kuaj mob nrog qhov chaw pab kev mob nkeeg lis hais saum no. Kuv paub tias qhov zam ntawm npog ntsej muag no tej zaum yuav raug cais tawm ntawm qhov nphav tus kab mob COVID exposure.

Npe

Xee Npe Ntawm Tus Neeg tuaj

Hnub

DISTRICT USE ONLY - INDIVIDUAL FACE COVERING EXEMPTION DETERMINATION

Face Covering Exemption: Approved Denied

Administrator Initials and Date: