



## COVID-19 Visitor 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 all visitors, including contractors and other third parties, to wear face coverings while on-site in District schools and 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 visitors may have disabilities or other health conditions for whom wearing a face covering may cause harm or obstruct breathing. 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](mailto:kajohnson4@gbaps.org), PRIOR TO (1) BEING PRESENT IN A DISTRICT SCHOOL, BUILDING OR LOCATION; or (2) TRANSPORTATION ON A DISTRICT FUNDED BUS OR OTHER FORM OF DISTRICT TRANSPORTATION WITHOUT A FACE COVERING.

Name	District School/Building/Location to be Visiting
Home Address	Phone Number

**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):

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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:

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- 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 INDIVIDUAL:**

I affirm that I have been diagnosed with the medical condition described above. I recognize that this exemption to wear a face mask may result in being quarantined in the event of a COVID exposure.

Name

Signature of Individual

Date

**DISTRICT USE ONLY - INDIVIDUAL FACE COVERING EXEMPTION DETERMINATION**

Face Covering Exemption:  Approved  Denied

Administrator Initials and Date: