

Mask Medical Exemption Opt Out Form

PLEASE COMPLETE TOP SECTION BEFORE GIVING IT TO YOUR HEALTHCARE PROVIDER

Student/School Staff Name: _____

Date of Birth: _____

School Name: _____

The above-named individual requires documentation from a medical or osteopathic doctor that they are unable to wear a face covering during the 2020-2021 school year due to a medical condition. Schools are required to obtain this documentation as they are with any other accommodation*. We appreciate your time and assistance in this matter.

The above-named individual **cannot** medically tolerate a face covering due to the following medical condition:

If unable to medically tolerate a face covering, this student/staff member **is able** to use a face shield:

_____ Yes

_____ No

_____ If No, why not: _____

Medical/Osteopathic Physician's name and licensure: _____

Signature: _____

Date: _____

Phone Number: _____

I hereby agree with and authorize any restrictions or limitations described above pertaining to my child or ward.

Parent or Guardian Signature: _____

*This list of acceptable conditions along with the guidance for schools to require this documentation from a medical professional has been provided by the state of Michigan and can be found at https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-535121--,00.html.