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Dr. Scott Woolstenhulme, Superintendent

## Face Covering Medical Exemption Form

This form must be completed by a medical practitioner licensed in the State of Idaho to prescribe medication. This form is a confidential health record and will be kept separately from the student's academic record. It will be destroyed at the end of the school year and a new form will need to be submitted in subsequent school years.

Name of Medical Practitioner

Name of Clinic or Practice

Phone Number

**East Idaho Public Health has issued a public health plan that requires the use of face coverings when physical distancing cannot be maintained. Additionally, the Centers for Disease Control, the Idaho Department of Health and Welfare, and the American Pediatric Association have all recommended face coverings as a key strategy to prevent an outbreak of COVID in schools. Please provide information about the following student that would necessitate a waiver of this requirement for their own personal health and safety.**

Name of Student

School

Grade Level

What medical condition does the student have that adversely impacts his/her ability to wear the recommended face covering?

Is this medical condition considered a physical or mental impairment that impacts one or more major life activities?

Yes

No

Can the student wear a face covering for shorter durations?  Yes  No

If yes, what length of time can he/she wear a face covering? \_\_\_\_\_ minutes

Please indicate whether or not the student can wear a face covering in each of the following situations:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • On a school bus sitting next to other students                              | <input type="checkbox"/> | <input type="checkbox"/> |
| • In a classroom sitting next to other students                               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Walking in hallways or in common areas for 10 minutes or less               | <input type="checkbox"/> | <input type="checkbox"/> |
| • During PE instruction or other activities that involve aerobic exercise     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting with teachers, counselors, or other staff in a one-on-one situation | <input type="checkbox"/> | <input type="checkbox"/> |

What alternative to wearing the recommended cloth face covering would you recommend?

Other recommendations or notes:

\_\_\_\_\_  
Signature of Medical Practitioner

\_\_\_\_\_  
Date