



BUCKEYE VALLEY COVID-19 STUDENT/STAFF FACE COVERING (MASK) EXEMPTION REQUEST AND MEDICAL CERTIFICATION

In connection with the COVID-19 pandemic and compliance with the Governor's Executive Order, the Buckeye Valley Local School district (BVLSD) will require students and staff to wear face coverings (masks) while in attendance in-person at school to the extent required by applicable federal, state, or local laws, regulations, ordinances, emergency orders or state/local school board action.

BVLSD recognizes that some students/staff members may have disabilities, medical conditions or mental health conditions for whom wearing a face covering (mask) may cause harm or obstruct breathing and thus we will reasonably accommodate these students and staff members.

In order to receive an exemption from applicable face covering (mask) requirements, this form must be completely filled out and returned to the school the student or staff member attends **PRIOR TO THE FIRST DAY OF PHYSICAL ATTENDANCE.**

Student's/staff member's Full Name:	Student's Date of Birth:
School Name:	Parent/staff member telephone number:
Parent/Guardian Name (students only):	Parent/staff member email:
Signature of Parent/Guardian or staff member:	Date:

REQUEST FOR FACE COVERING (MASK) EXEMPTION

Student/staff member has a:

- physical impairment that prevents them from wearing a face covering

Physical Impairment:	<input type="checkbox"/> I will provide the school with documentation by having my provider complete the form below and return it to the student's/staff member's school office
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- disability that prevents them from wearing a face covering

Disability:	<input type="checkbox"/> I will provide the school with documentation by having my provider complete the form below and return it to the student's/staff members school office. <input type="checkbox"/> The school has documentation
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mental health condition that prevents them from wearing a face covering:

Mental Health Condition:	<input type="checkbox"/> I will provide the school with documentation by having my provider complete the form below and return it to the student's/staff member's school office. <input type="checkbox"/> The school has documentation of the impairment.
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medical Condition that prevents them from wearing a face covering:

Medical Condition:	<input type="checkbox"/> I will provide the school with documentation by having my provider complete the form below and return it to the student's/staff member's school office.
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MEDICAL CERTIFICATION

As the student's/staff members health care provider; I certify that this student/staff member 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 student/staff member 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.)

- This medical exemption is permanent.
- This medical exemption is temporary. Duration of temporary exemption: ___/___/___ to ___/___/___.

Based on the nature of this student's/staff member'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

Name of Physician:	Medical License #:
Signature of Physician:	Date: