Student Mask Coverings – Accommodation Request

The School District of Philadelphia recognizes that some students may have disabilities, medical conditions, or mental health conditions that prevent the student from safely or effectively wearing a mask. To receive an exemption from applicable mask requirements, this form must be completed in its entirety and emailed or dropped off to the IEP/504 accommodation team and/or school nurse. Students with prior documentation on-file of a medical condition, mental health condition or disability that requires accommodation do not need to complete Part 2.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student’s Grade:</th>
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</thead>
</table>

**Part 1: For completion by parent/guardian:**

- I request that my child, ____________________, be exempt from mask requirements while at school based on the qualifying medical condition(s) reported by the medical professional below. I understand and agree to the following:
- I confirm that wearing a mask would either cause a medical condition or exacerbate an existing one, including a medical condition, a mental health condition or disability.
- I confirm that my child and I understand there may be an increased risk of exposure to COVID-19.
- I confirm that the school may take additional safety precautions such as encouraging my child’s use of a face shield, virtual learning or providing at-home COVID testing.
- I confirm that I am expected to comply with all other COVID-19 mitigation strategies including keeping my child home for any sign of illness.

__________________________          __________________________
Parent/Guardian Signature       Date

**Part 2: For completion by Medical Professional (MD, DO, PA, or NP):**

I certify that this student has a medical condition, mental health condition or disability that substantially limits a major life activity as described below AND that use of a mask may cause harm to the student.

<table>
<thead>
<tr>
<th>Impairment type (check):</th>
<th>List Impairments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Medical</td>
</tr>
</tbody>
</table>

List Contraindications of mask wearing & check option below:

| Student may wear mask as tolerated / frequent breaks | Student may not wear a mask |

Medical Professional Name (print):          Medical License #:          Phone #:

__________________________               _____________________________
Signature of MD, DO, PA, or NP            Date

Translation and Interpretation Center (8/2022)       Mask Exemption Form (insert your language)