

FACE COVERING EXEMPTION REQUEST FORM

Date: \_\_\_\_\_

Request if for a:

Name: \_\_\_\_\_

- \_\_\_\_\_ Student
- \_\_\_\_\_ District Employee
- \_\_\_\_\_ District Volunteer or Vendor
- \_\_\_\_\_ Visitor

Parent/Guardian submitting request (if applicable): \_\_\_\_\_

Reason for exception from use of face covering requirements:

- Is not advisable for specific health reason or an individual's disability (medical documentation required)
- Would violate a district and/or school documented safety policy that applies to requestor
- There is a functional (practical) reason not to wear a facial covering in the workplace (employee/volunteer)
- Compliance would be in violation of a documented industry standards (employee/volunteer)
- Prohibited by an applicable law or regulation

Explanation for selected reason:

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Documentation (attached) that supports the request:

Proposed accomodation/alternative approach request (i.e. use of face shield, alternate mask fabric, etc.):

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For Internal District Use ONLY

Date Request Received: \_\_\_\_\_

Date Request Meeting/Call Held: \_\_\_\_\_

- Request Denied
- Facial Covering Exemption Approved

Accommodations:

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