



SCHOOL DISTRICT OF ASHLAND
EXCELLENCE IN EDUCATION

COVID-19 MASK EXEMPTION FORM

Student Name:	Student Date of Birth:
School:	Grade:

SECTION 1: REASON FOR EXEMPTION REQUEST

Please describe the reason for the request for exemption for this student:

If you are requesting an exemption due to seriously held religious beliefs, please describe:

Upon completion of the religious exemption request, please go to Section 3.

SECTION 2: TO BE COMPLETED BY LICENSED PHYSICIAN OR MENTAL HEALTH PROVIDER

As the student's health care provider, I certify the following:

Part 1

The student has a (check all that apply):

Medical condition Mental health condition Disability Communication Disorder

Please describe/list:

Part 2

The student is a person who:

Has a medical condition for whom wearing a mask could obstruct breathing.
Please explain:

Is unconscious.
Please explain:



SCHOOL DISTRICT OF ASHLAND
EXCELLENCE IN EDUCATION

Is incapacitated.

Please explain:

Is otherwise unable to remove a mask without assistance.

Please explain:

Is hearing impaired.

Please explain:

Is communicating with a person who is hearing impaired where the ability to see the mouth is essential for communication.

Please explain:

Part 3

This exemption is permanent.

This exemption is temporary (temporary exemption ends on ___/___/___).

Part 4

I am a: Physician Nurse Practitioner Other licensed medical professional practicing under the license of a physician.

If so, include the name and license number of the doctor you practice under here:

Name of Medical Provider (Print):

Medical License #:

Signature of Medical Provider:

Date:

Phone Number:

Address:

SECTION 3: PARENT AUTHORIZATION AND SIGNATURE

I understand that by requesting an exemption, it may result in more frequent exclusion from school due to close contact/quarantine requirements.

Parent or Guardian Name (PRINT):

Parent or Guardian Signature:

This documentation will be reviewed by school personnel to determine whether exemption is valid and approved.

The School District of Ashland does not discriminate on the basis of race, color, national origin, sex, disability or age in admission, treatment or access to any of its programs or activities.