

Student Mask Medical Exemption Request

The Marquette Area Public Schools requires students to wear face masks during some or all of the school day to prevent the spread of COVID-19.

To be completed by parent/guardian

I request that my child, _____, not be required to wear a face mask while at school because my child cannot medically tolerate wearing a face mask.¹ I understand that:

1. by not wearing a face mask at school, my child may be at increased risk of contracting or spreading COVID-19;
2. the school may take additional safety precautions, including requiring my child to distance from others, wear a face shield, or wear other personal protection equipment, to protect others from contracting COVID-19;
3. the school may consider alternative learning options for my child, including whether distance learning is appropriate;
4. my child may be referred for an evaluation to determine if a disability prevents my child from wearing a face mask and whether and to what extent accommodations will be provided;
5. if my child demonstrates symptoms of COVID-19, tests positive for COVID-19, or is in close contact with someone who tests positive for COVID-19, I will promptly notify my child's principal; and
6. if my child demonstrates symptoms of COVID-19, tests positive for COVID-19, or is in close contact with someone who tests positive for COVID-19, my child may be required to remain out of school for 10-14 days as directed by public health officials.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

To be completed by medical professional²

I certify that I have examined the student identified above and it is my professional opinion that: [check all that apply]

- The student is medically able to wear a face mask at school.
- The student has a physical or mental impairment, but the student can tolerate wearing a face mask at school if accommodations are provided (e.g., periodic breaks).
- The student has a physical or mental impairment that prevents the student from wearing a face mask at school.

If the student has a physical or mental impairment that limits or prevents the student from wearing a face mask at school, describe the impairment and how it affects the student's ability to tolerate a face mask at school.

Medical Professional's Name (Print)

Medical Professional's Signature

Date

Note: submitting this form does not guarantee that your exemption request will be granted. The District will review your request based on existing federal, state, and local legal requirements and public health recommendations and directives.

¹ If you believe your child requires an exemption to the face mask requirement for a nonmedical reason, please contact the District's superintendent, in writing, to explain the basis for that exemption.

² A medical professional means a physician or physician's assistant as defined in the Michigan Public Health Code.