

MEDICAL CERTIFICATION FOR STUDENT FACE COVERING

EXEMPTION/ACCOMMODATION

In accordance with the [guidance](#) established by the Illinois Department of Public Health and the Illinois State Board of Education, all students must wear face coverings over their nose and mouth at all times while in school buildings, on school buses, even when maintaining social distance. Face coverings are not required on school property outside of the building if individuals are able to remain 6 feet apart from each other. The guidance exempts individuals from wearing face covering if they have a disability:

- For reasons related to the disability, would be physically unable to remove a mask without assistance if breathing becomes obstructed.
 - Impaired motor skills
 - Quadriplegia
 - Limb restrictions
- Due to a condition or medical contraindication (e.g., difficulty breathing) that prevents them from wearing a face mask.
- With an intellectual, developmental, cognitive or psychiatric disability that affects the person’s ability to understand the need to remove a mask if breathing becomes obstructed.

Students who have a medical contraindication to using a face covering may request an exemption or an accommodation, such as wearing a face shield with additional social distancing, additional safety and hygiene measures by completing this form **completed by a physician licensed to practice medicine in all its branches, APRN, or PA or audiologist**. Students who provide a healthcare care provider's documentation that they have a medical contraindication (a condition that makes masking absolutely inadvisable) to wearing a face mask will be permitted to wear a face shield and will be six feet socially distanced in the classroom and other locations where children are gathered and required to have a face mask.

Student Name: _____ DOB _____

Student Address: _____ Grade _____

Mother’s Name: _____

Father’s Name: _____

Mother’s phone number: _____ Father’s phone number _____

To be completed by physician licensed to practice medicine in all its branches, APRN, or PA or audiologist:

1. Check all that apply and provide an explanation:

- Medical contraindication to wearing cloth face covering:

Expected duration of contraindication: _____

Medical condition that limits students' ability to wear face covering:

Expected duration of medical condition: _____

Other factors that limit student's ability to wear face covering:

Expected duration of other medical factors: _____

2. Can the student wear a cloth face covering for any part of the school day? If so, when?

3. Are there any conditions under which the student can wear a cloth face covering at school? _____

4. If a student is exempt from wearing a face covering, what accommodations, if any, are recommended to maintain the student's health and safety and to maintain the health and safety of others in the school environment?

5. What accommodations, if any, are recommended to maintain the student's health or safety if the student would be in contact with other students who are exempt from wearing a face covering? _____

Printed name of physician, APRN, PA or audiologist: _____

Provider address: _____

Provider phone number: _____

Original signature of physician, APRN, PA, or audiologist:

Original signature of mother: _____

Original signature of father: _____

Date received in the school office and by whom: _____