



# CARMAN-AINSWORTH Community Schools

## MEDICAL MASK EXEMPTION FORM

*All information must be complete and turned into your building office for administrative approval.*

Physicians,

Masks should not be worn by anyone who is having trouble breathing, is unconscious or incapacitated, or by anyone who is unable to remove the mask.

The physical, developmental and behavioral conditions that may make wearing a mask unsafe for children are very rare. They include the following:

- Developmental delays
- Limited Physical mobility
- Severe autism
- Structural abnormalities of the head or neck, however, some of these children may be able to wear bandanna-style coverings.

Please print the following information:

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN:

I, \_\_\_\_\_ (physician name), have read the information contained in this document and certify that the student whose information is included on this form meets criteria for a medical mask exemption.

Physician Name (first, last, credentials): \_\_\_\_\_

Current Michigan Medical License Number (MD/DO): \_\_\_\_\_

Office Phone: \_\_\_\_\_

Reason for Medical Exemption: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY SCHOOL ADMINISTRATOR:

Approved  Not Approved  Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval for mask exemption applies only to school classroom environment and does not extend to other school related functions such as athletics.

Building: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_