



MEDICAL WAIVER FOR FACE MASKS – STUDENT

Persons who are medically unable to tolerate wearing a face mask can seek a waiver signed by their treating physician who is currently licensed to practice medicine in the State of Michigan, that indicates a medical reason within their scope of practice, for exemption from the requirement.

PLEASE COMPLETE TOP SECTION BEFORE GIVING IT TO YOUR HEALTHCARE PROVIDER

PLEASE PRINT ALL INFORMATION

Student Name: _____

Date of Birth: _____

School Name: _____

The above-named individual requires documentation from a medical or osteopathic doctor that they are unable to wear a face covering during the 2021-2022 school year due to a medical condition. The school requires this documentation as they do with any other accommodation. We appreciate your time and assistance in this matter.

The above-named individual **cannot** medically tolerate a face covering due to the following qualifying medical condition(s):

If unable to medically tolerate a face covering, this student/staff member **is able** to use a face covering such as a bandana: Yes No Other

If No, why not? _____

If Other, please explain: _____

Printed Name of MD/DO: _____

Signature of MD/DO: _____

Date: _____

Phone Number: _____

I hereby agree with and authorize any restrictions or limitations described above pertaining to my child/ward.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Phone Number: _____