ALBERT GALLATIN AREA SCHOOL DISTRICT

CERTIFICATION OF HEALTH CARE PRACTITIONER

FACE COVERING EXEMPTION FORM

Student Name______________________________

To Health Care Practitioner:

The Parent/Guardian of the Albert Gallatin Area School District Student referenced above has requested a medical exemption from wearing a face covering while attending school.

As the Student's Health Care Provider, you are asked to provide the following information:

Health Care Practitioner's name: *(Print)*____

Health Care Practitioner's Title/ Certification/Licensure:____________________________

Health Care Practitioner's business address:______________________________________

Type of practice/medical specialty:____

Telephone: (   )______________(Fax)____________________

Email address:____

1. Based on your professional knowledge, experience, and knowledge of this Student, does the Student currently suffer from a medical condition, mental health condition or a disability that would be exacerbated by being required to wear a face covering (other than a face shield) indoors at school?

Yes:_______ No:__________

If yes, please explain____

1.A. If yes, would this medical condition, mental health condition or disability preclude the Student from safely wearing a face shield indoors in school?

Yes:_________ No:__________

2. Based on your professional knowledge, experience, and knowledge of this Student, would a requirement that the Student wear a face covering (other than a face shield) indoors at school
cause the Student to develop a medical condition, mental health condition or a disability?

Yes______________ No________________

If yes, please explain____

2.A. If yes, would this also preclude the Student from safely wearing a face shield indoors in school?

Yes______________ No________________

3. Based on your professional knowledge, experience, and knowledge of this Student, is the Student hearing-impaired or suffering from another disability where the ability to have his/her mouth seen, is essential for communication, such that being required to wear a face covering (other than a face shield) indoors at school would exacerbate the Student's hearing-impairment or other disability?

Yes_____________ No_______________

If yes, please explain______________________________________

3.A. If yes, would this preclude the Student from safely wearing a face shield indoors in school?

Yes______ No_______

4. Please provide any additional information which, in your professional opinion, is relevant to these issues.

Signature of Health Care Provider: ____

Date: _____________________