



## COVID-19 STUDENT FACE COVERING REQUEST FOR EXEMPTION DUE TO DISABILITY

In connection with the COVID-19 pandemic, Lakeview Academy will require students to wear face coverings while in attendance in-person at school to the extent required by applicable federal, state, or local laws, regulations, ordinances, emergency orders, or state/local school board action. Lakeview recognizes that some students may have disabilities that make it medically inadvisable or otherwise inappropriate to wear a face mask or other face covering and will reasonably accommodate students with disabilities. In order to receive an exemption from applicable face covering requirements, this form must be completely filled out and returned to the school your child attends **PRIOR TO THE FIRST DAY OF PHYSICAL ATTENDANCE.**

|   |                          |        |
|---|--------------------------|--------|
| Student's Full Name:  | Student's Date of Birth: | Grade: |
| Student's Home Address:   | School Name:             |        |
| Student Currently Has An:<br><input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Health Care Plan <input type="checkbox"/> N/A   |                          |        |
| I affirm that my student has been diagnosed with the medical condition described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with Lakeview Academy Administration.  |                          |        |
| Parent/Guardian Name:   | Parent Telephone:        |        |
| Signature of Parent/Guardian:   | Date:                    |        |
| <b>MEDICAL CERTIFICATION</b>  |                          |        |
| As the student's health care provider, I certify that this student has a physical or mental impairment that substantially limits a major life activity <u>and</u> which makes it inadvisable or impracticable for the student to wear a face covering because:<br><input type="checkbox"/> it could cause harm or dangerously obstruct breathing.<br><input type="checkbox"/> the student is incapacitated to the extent he/she is unable to remove a face covering without assistance. |                          |        |
| This student has been diagnosed with the following medical condition:<br>_____  |                          |        |
| State the reason(s) why it is not feasible for the student to wear a face covering:<br>_____<br>_____   |                          |        |
| <input type="checkbox"/> This medical exemption is permanent.<br><input type="checkbox"/> This medical exemption is temporary (duration of temporary exemption ____/____/____).   |                          |        |
| Based on the nature of this student's impairment and the potential difficulty of maintaining physical distancing within the school environment:<br><input type="checkbox"/> A transparent plastic face shield WOULD BE a reasonable alternative to a face covering.<br><input type="checkbox"/> A transparent plastic face shield WOULD NOT BE a reasonable alternative to a face covering.   |                          |        |
| Name of Physician (Print):  | Medical License #:       |        |
| Signature of Physician:   | Date:                    |        |

|  |                         |       |
|--|-------------------------|-------|
| <b>STUDENT FACE COVERING EXEMPTION DETERMINATION</b><br>(School Use Only)                  |                         |       |
| Face Covering Exemption: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Administrator Initials: | Date: |