



Medical Facial Covering Exemption Form

Background:

- **Studies of COVID-19 incidence in school districts during the 2020-2021 school year demonstrate that proper masking is the most effective mitigation strategy to prevent secondary transmission in schools when COVID-19 is circulating and when vaccination is unavailable, or there is insufficient uptake of vaccination.**
- According to the AAP, the CDC, and the Michigan Department of Health and Human Services (MDHHS), the universal use of masks in schools is a safe, essential, and proven strategy to reduce the spread of COVID-19 in schools.
- Masks are primarily intended to reduce the emission of virus-laden droplets, which is especially relevant for asymptomatic or pre-symptomatic infected wearers who feel well and may be unaware of their infectiousness to others, and who are estimated to account for more than 50% of transmissions.
- Masks also help reduce inhalation of these droplets by the wearer.
- The community benefit of masking for SARS-CoV-2 control is due to the combination of these effects; individual prevention benefit increases with increasing numbers of people using masks consistently and correctly.
- A CDC report released September 24, 2021 indicated **that increases in pediatric COVID-19 case rates during the start of the 2021–22 school year were smaller in U.S. counties with school mask requirements than in those without school mask requirements.**⁸
- School mask requirements, in combination with other prevention strategies, including COVID-19 vaccination, are critical to reduce the spread of COVID-19 in schools.⁸
- OCDPH issued a **public health order** on August 20, 2021, **requiring that**
 - Educational Institutions shall ensure that people in pre-kindergarten through grade six consistently and properly wear a facial covering while inside any enclosed building or structure of the institution.
 - The Educational Institutions shall ensure that all persons, regardless of vaccination status, providing service to any persons in pre-kindergarten through grade six properly and consistently wear a facial covering while inside any enclosed building or structure of the institution.

The following categories of people continue to be exempt from the requirement to wear a mask:

- A child under the age of 2 years
- [A person with a disability](#) who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 *et seq.*)
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

Additional exceptions as stated in the August 20, 2021 OCDPH order:

IT IS FURTHER ORDERED that this ORDER shall not apply to the following Persons:

1. Persons in the act of eating or drinking.
2. Persons under the age of four years; however, supervised masking is *recommended* for children who are at least two years of age.
3. Persons with developmental conditions of any age attending school for whom it has been demonstrated that the use of a face covering would inhibit the person's access to education. *These are limited to persons with an Individualized Education Plan, Section 504 Plan, Individualized Healthcare Plan or equivalent.*
4. Vaccinated teachers who are working with children who are hard of hearing or students with developmental conditions who benefit from facial cues.
5. Persons who have a medical reason *confirmed in writing* from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) currently licensed to practice medicine in the State of Michigan.

Who is covered by the exemption for “a person with a disability who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the [Americans with Disabilities Act \(ADA, 42 U.S.C. 12101 et seq.\)](#)”?

- Most people, including those with disabilities, can tolerate and safely wear a mask and are required to wear one.
- However, certain people with disabilities who, because of their disability, cannot wear a mask, or cannot safely wear a mask, are exempted from CDC’s mask-wearing requirement.
- **The exemption is not meant to cover people with disabilities for whom wearing a mask might only be difficult or whose disability does not prevent them from wearing a mask or wearing a mask safely.**
- The following narrow subset of persons with disabilities are exempt from the requirement to wear a mask:
 - A person with a disability who, for reasons related to the disability, would be physically unable to remove a mask without assistance if breathing becomes obstructed.
 - Examples might include a person with impaired motor skills, quadriplegia, or limb restrictions
 - A person 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
- The following persons with disabilities *might be* exempt from CDC’s requirement to wear a mask based on factors specific to the person:
 - A person with a disability who cannot wear a mask because it would cause the person to be unable to breathe or have respiratory distress if a mask were worn over the mouth and nose.
 - A person with a condition that causes intermittent respiratory distress, such as asthma, likely does not qualify for this exemption because people with asthma, or other similar conditions, can generally wear a mask safely.
 - A person with a disability requiring the use of an assistive device, such as for mobility or communication, that prevents the person from wearing a mask and wearing or using the assistive device at the same time.
 - If use of the device is intermittent and the person can remove the mask independently to use the device, then a mask **must** be worn during periods when the person is not using the device.
 - A person with a *severe* sensory disability or a *severe* mental health disability who would pose an imminent threat of harm to themselves or others if required to wear a mask.
 - Persons who experience discomfort or anxiety while wearing a mask without imminent threat of harm would not qualify for this exemption.

Sources (accessed 9/24/21)

1. <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2768376>
2. <https://www.miottawa.org/Health/OCHD/pdf/OCDPH-Mask-Exemption-Information-for-Physicians-Schools-Families.pdf>
3. <https://www.msms.org/About-MSMS/News-Media/dos-and-donts-for-discussing-face-masks-and-covid-19-vaccinations-with-patients-and-visitors>
4. <https://www.stclaircounty.org/offices/health/forms/Mask%20Exemption%20Letter%20and%20Form.pdf>
5. https://www.miottawa.org/Health/OCHD/pdf/Face-Masks-in-Educational-Settings-Order_082021.pdf
6. <https://docs.google.com/document/d/1etRUuIPFw7iwVx0QLBrwBlue7ySrEefz/edit>
7. http://p3cdn4static.sharpschool.com/UserFiles/Servers/Server_4922/File/Primary%20School/OP%20Forms/Student%20Face%20Covering%20Medical%20Exemption%20Request%20Form.pdf
8. https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e3.htm?s_cid=mm7039e3_w

Student and School information

Student name:	Student Date of Birth:
School name:	Student grade:

Parent acknowledgement:

- COVID-19 can lead to severe illness, personal injury, permanent disability, and death.
- Attending school in-person without a face covering could increase the risk of being exposed to, contracting, or transmitting COVID-19.
- Ottawa County Department of Public Health requires students to wear face masks in PreK-6 buildings and classrooms during some or all of the school day to prevent the spread of COVID-19.

I, the undersigned, certify that I am the parent or guardian of the student named above (“Student”) and that the Student is medically unable to wear a face covering in an otherwise mandatory setting due to the following medical condition:

I also agree to the following statements:

- I acknowledge that by signing this form, I am formally requesting a mask exemption for my Student.
- I acknowledge that by signing this form, I am authorizing the physician to share any personal medical information of the Student with the School that may be required to obtain the mask exemption, and I recognize that I have the right to revoke his authorization at any time by sending a written revocation to the physician and that the physician will not send any personal health information after the date the physician receives the revocation.
- I understand that signing this authorization is voluntary and that my child’s treatment, payment, enrollment in a health plan, or eligibility for benefits is not conditioned upon my authorization of this disclosure. I do not authorize the School to release personal health information to any parties other than the local Public Health Department and the School’s business associates.
- I acknowledge that I have been provided with the information contained in the “Background” section of this document.
- I understand that the school may take additional safety precautions to protect others from contracting COVID-19.
- I acknowledge that exempting the Student from wearing a face covering at a school activity or facility may increase the Student’s risk of being exposed to, contracting, or transmitting COVID-19 or a COVID-19 Symptom.
- I understand that my Student may be referred for an evaluation to determine if a disability prevents my Student from wearing a face mask and whether and to what extent accommodations will be provided.
- I understand that the school may take additional safety precautions, including requiring my child to wear a face shield or other personal protection equipment, to protect others from contracting COVID-19, and that the school may consider alternative learning options for my child, including whether distance learning is appropriate.
- I assume all risks of any nature arising out of or in any way related to the Student’s face covering exemption at any school activity or facility and hold the school harmless from any liability or damages that may result from this requested exemption.
- If my child exhibits symptoms of COVID-19, tests positive for COVID-19, or is in close contact with someone who tests positive for COVID-19, I will immediately notify my child’s school.
- If my child exhibits symptoms of COVID-19, tests positive for COVID-19, or is in close contact with someone who tests positive for COVID-19, I understand that my child may be required to remain out of school for 10 or more days as directed by public health officials.
- I acknowledge this request does not supersede a future public health order from the Ottawa County Department of Public Health, Michigan Department of Health and Human Services, or Centers for Disease Control and Prevention.
- Finally, the Administration and Board of Education reserve the right to modify, amend, or further alter all COVID-19 policies and procedures, including a mask exemption, if deemed appropriate to the health and safety of students.

Parent/Guardian Name (Printed):	Parent phone number:
Parent Signature:	Date:

Physician certification:

- Best current evidence shows that masking is effective at preventing viral spread, protecting primarily the public, although it likely offers protection to the mask wearer as well.¹
- Thus, a delicate balance arises between the public health interest and individual disability modifications.¹
- Inappropriate medical exemptions may inadvertently hasten viral spread and threaten public health.¹
- Additionally, several media sources have reported on several physicians who have been disciplined by various state medical boards for issuing medical exemptions to patients without an objective medical basis for the exemption.³

I certify that _____ is a patient under my care. I certify that my patient has an existing medical condition (such as those outlined in the “Background” section of this document) that prevents them from safely wearing a mask in an otherwise mandatory setting.

- I have discussed the risks and benefits of this decision with my patient and/or their caregiver, and they have expressed understanding of the potential increased risk of transmission to others and/or contraction of SARS-CoV-2 without this protective measure.
- We have discussed possible accommodations and modifications that might help my patient be successful at wearing a mask.
- We have discussed other mitigation measures such as distancing, ventilation, and hand hygiene as other necessary parts of a prevention plan.

Physician name (printed):	Specialty:
MI license or NPI#:	Physician phone number:
Physician signature:	Date: