

APPENDIX J - COVID-19 STUDENT MASK EXEMPTION  
REQUEST AND MEDICAL CERTIFICATION

**Sacramento City Unified School District**

**COVID-19 Student Face Masks Exemption Request and Medical Certification**

Per current state and local public health order students are required to wear a face masks while attending in-person school.

The current public health orders and the Sacramento City Unified School District recognize that some students may have disabilities, medical conditions or mental health conditions for whom wearing a face masks may cause harm or obstruct breathing and thus for which an exemption may be obtained.

In order to proceed with requesting a medically verified exemption from applicable face mask requirements, this form must be completely filled out and signed by your medical provider. It can be emailed to your school principal or paper copy given to the school office.

Please note: The Individual Education Plan (IEP) process may not be utilized to document a face mask exemption.

Student Name	Student Date of Birth
Home Address	School/Grade
Student Currently Has: <input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Health Care Plan <input type="checkbox"/> N/A	

**Parent Consent for Two Way Communication**

I affirm that my child has been diagnosed with the medical condition mental health condition and/or disability described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with Sacramento City Unified School District officials.	
Parent/Guardian Name	Parent Telephone
Signature of Parent/Guardian	Date

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**Physician to complete all fields below**

Medical Condition:
Mental Health Condition:
Disability:
<b>Medical Certification</b>
<p>As the student's health care provider, I certify that this student has a medical or mental health condition or disability and that a face masls may cause harm or obstruct breathing which makes it inadvisable or impracticable for the student to wear.</p> <p>Based on the nature of this student's impairment and potential difficulty of maintaining physical distancing within the school's environment: (Select all that are applicable)</p> <p><input type="checkbox"/> Student may be able to wear a face mask with behavioral strategies. Allow generous mask breaks and work with the student to wear a mask as much as possible.</p> <p><input type="checkbox"/> Student would be able to tolerate wearing a face masks but should be allowed to remove it if demonstrating any symptoms of distress.</p> <p><input type="checkbox"/> A transparent plastic face shield/face shield with drape WOULD BE a reasonable alternative to a face masks.</p> <p><input type="checkbox"/> Student is medically unable to wear a face masks of any kind.</p> <p><input type="checkbox"/> This Medical exemption is temporary. (Duration of temporary exemption ____/____/____.</p> <p><input type="checkbox"/> This Medical exemption is permanent.</p> <p><b>If the medical exemption is permanent, please select all that are applicable:</b></p> <p><input type="checkbox"/> The student is advised to remain on independent study based on health history and risk.</p> <p><input type="checkbox"/> In-person learning is advised. Potential risks have been discussed with the parent/guardian and student.</p> <p><input type="checkbox"/> Student is advised to test for COVID-19 on a regular basis due to this medical exemption for a face masks and in-person learning</p>

Name of Physician (Print)	Medical License #:	Physician phone number
Signature of Physician	Date	Physician fax number

Physician Name/Address  
Stamp  
HERE  
(Required)