

**Montgomery County Public Schools
2021-2022 School Year**

Face Mask Medical Exemption Request

Students Information (To be completed by Parent/Guardian):

Student Last Name: _____ Student First Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Phone: _____

Parent/Guardian email: _____

School: _____

I request that Montgomery County Public School ("MCPS") staff review the recommendation from my physician regarding the use of a face mask while in the school building and during school provided transportation.

I understand that:

1. If my child does not wear a face mask while in the school building and during school provided transportation, then my child may be at increased risk of contracting COVID-19;
2. To protect others from the transmission of COVID-19, the school staff may take additional virus transmission mitigation precautions, including: requiring my child to wear a face shield; requiring my child use a protective barrier around their desk; requiring my child to be physically distanced (more than 6 feet away from other students), etc. and
3. Based upon information provided by me or my child's doctor, my child may be referred for an evaluation to determine if my child's medical condition results in my child being eligible as a student with a disability.

My signature gives permission for Montgomery County Public Schools staff to exchange information with the physician/physician's office and to discuss my child with the physician/physician's office. This release allows the physician/physician's office to exchange with MCPS educational, medical, sociological, psychological, psychiatric, and treatment records, and information related to these records. The designation of one or more contact persons is to facilitate communication and does not restrict access of information to and from the physician/physician's office and MCPS unless so specified. The purpose of exchanging records and information with the physician/physician's office is to provide MCPS with information that may be used in the coordination or provision of services to the student.

Parent/Guardian Signature: _____ Date: _____

Submitting this form does not guarantee that your request will be granted.

This form must be returned to the MCPS Student Services Department via fax at (540) 394-4449 or via email at reneemanning@mcps.org.

The following must be completed by a Licensed Physician:

Physician Name: _____

Physician Specialty: _____

Office Address: _____

Phone Number: _____

Student Diagnosis/Medical Condition: _____

Description of Student's Medical Condition:

I certify that I have examined the student identified, and it is my professional opinion that:

_____ the student is medically able to wear a face covering at school.

OR

_____ the student has a medical condition, but the student can wear a face mask at school if accommodations are provided (e.g. periodic breaks).

Recommended accommodations:

_____ the student has a medical condition which requires, as a medical necessity, an exemption from the requirement to wear a face mask.

_____ other (please explain): _____

Extent and duration of this request:

Explanation of why an exemption from the requirement to wear a face mask is medically necessary for this student:

Attach any supporting documentation that may be helpful in evaluating this request for an exemption from the mask requirement.

Physician Signature: _____ Date: _____

This form must be returned to the MCPS Student Services Department via fax at (540) 394-4449 or via email at reneemanning@mcps.org.

MCPS Internal Use Only

Student ID Number: _____ Approved? Y N Date: _____ Initials: _____