

## Medical Facial Covering/Mask Waiver

Due to the COVID-19 state of emergency, all students attending JCPS schools in person are required to wear a cloth face covering, unless this requirement has been waived due to individual medical necessity. To request a medical exemption from face covering requirements, please complete the form below and have your medical provider submit it to the school.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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To Be Completed By Physician's Office **ONLY**:

The above named student has requested a medical waiver for exemption to the JCPS requirement of wearing a face covering. By completing the form below, you are verifying that it is medically prohibited for this student to wear a face mask, meaning it is medically necessary that the student **NOT** wear a face mask.

Is it medically necessary for this student to **NOT** wear a face mask or face covering?

Yes  No      Comments: \_\_\_\_\_

Medical Provider Name & Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_