



STUDENT FACE COVERING EXEMPTION REQUEST AND MEDICAL CERTIFICATION

The Big Walnut Local School District recognizes that some students may have disabilities, medical conditions or mental health conditions for whom wearing a face covering may cause harm or obstruct breathing and thus we will reasonably accommodate these students. In order to receive an exemption from applicable face covering requirements, this form must be completely filled out and returned to the school office where your child attends.

Ohio law prohibits any person from knowingly making a false statement with the purpose of misleading a public official in performing the public official's official function. See Ohio Revised Code Section 2921.13(A)(3).

Student's Full Name:	Student's Date of Birth:	Grade:
School Name:	Parent/Guardian Telephone:	
Parent/Guardian Name:	Parent/Guardian Email:	
Signature of Parent/Guardian:	Date:	

My student has a:	
<input type="checkbox"/> physical impairment that prevents them from wearing a face covering.	
Physical Impairment:	<input type="checkbox"/> I am providing the school with documentation from my healthcare provider on this form. <input type="checkbox"/> The school has documentation of the impairment.
<input type="checkbox"/> disability that prevents them from wearing a face covering	
Disability:	<input type="checkbox"/> I am providing the school with documentation from my healthcare provider on this form. <input type="checkbox"/> The school has documentation of the impairment.
<input type="checkbox"/> mental health condition that prevents them from wearing a face covering.	
Mental Health Condition:	<input type="checkbox"/> I am providing the school with documentation from my healthcare provider on this form. <input type="checkbox"/> The school has documentation of the impairment.
<input type="checkbox"/> medical condition	
Medical Condition:	<input type="checkbox"/> I am providing the school with documentation from my healthcare provider on this form. <input type="checkbox"/> The school has documentation of the impairment.
<input type="checkbox"/> established religious requirements prohibiting the wearing of a facial covering.	
Religious Reason:	<input type="checkbox"/> I am providing the school with a letter from my clergy on letterhead documenting the religious prohibition from wearing a face covering.



MEDICAL CERTIFICATION

- As the student's health care provider, I certify that this student has a physical, medical or mental health impairment that substantially limits a major life activity and that a face covering may cause harm or obstruct breathing which makes it inadvisable or impracticable for the student to wear a face covering (examples include, but are not necessarily limited to, respiratory impairments, hearing impairments requiring the use of facial/mouth movements, physical impairments that make it difficult to easily wear or remove a face covering, sensory impairments, etc.)
 - This medical exemption is permanent.
 - 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:
 - A transparent plastic face shield WOULD BE a reasonable alternative to a face covering.
 - 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: