



FRAZIER SCHOOL DISTRICT

William R. Henderson III, Ed. D., Superintendent

bhenderson@fraziersd.org

Kevin W. Mildren, Business Manager

Eric Johnson, Director of Special Education

kmildren@fraziersd.org

ejohnson@fraziersd.org

FACE COVERING EXEMPTION FORM

Student Name: _____ Grade: _____

The undersigned, intending to be legally bound, hereby executes this Form on behalf of my child or ward, or if the student is 18 or older, on behalf of myself, a student at _____ and acknowledges, represents, warrants, certifies, covenants, and agrees with the following:

1. An August 31, 2021, Order (the "Order") of the Pennsylvania Secretary of Health, and related guidance provided by the PA Department of Health, provides as follows regarding the Face Covering Requirement intended to mitigate the spread of the COVID-19 Virus:

"Section 3: Exceptions to Covering Requirement

The following are relevant exceptions to the face covering requirements in Section 2.

B. If wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability.

E. If an individual is hearing-impaired or has another disability, where the ability to see his/her mouth is essential for communication.

2. The Order also provides that all alternatives to wearing a face covering, including the use of a face shield, should be exhausted before an individual is excepted from this Order.
3. The Frazier School District is legally permitted to require certification from a student's health care practitioner that he/she should be excepted from the Order.

As the Parent/Guardian of the below-referenced Student, or on behalf of myself if I am 18 years old or older, the below-referenced Student, I hereby certify that I/my child/ward, cannot wear a mask because:

I also hereby certify that I/my child/ward cannot wear a face shield because:

4. Attached to this Form is the required Certification from my Student's / my Health Care Practitioner.

I have carefully read the foregoing Form and voluntarily signed same, intending to be legally bound, either on my behalf or on behalf of my child or ward.

Dated: _____

Print Name of Student: _____

Print Name of Parent: _____

Signature of Parent: _____

*** Exemptions will only be considered if they are accompanied by a physician's order and/ or in accordance with Section 504 of the Rehabilitation Act or IDEA for the student's medical or mental health condition or disability.**



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Health Care Practitioner Form

Student Name _____ Student Grade: _____

The Frazier School District Student referenced above (if Student is age 18 or older) or the Parent/Guardian of said Student (if Student is under age 18) has represented to the School District that requiring the Student to wear a face covering while inside at school would cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability, or that the student is hearing impaired or has another disability, where the ability to see the Student's mouth is essential for communication.

Exemptions will only be considered if they are accompanied by a physician's order and/ or in accordance with Section 504 of the Rehabilitation Act or IDEA for the student's medical or mental health condition or disability.

As the Student's Health Care Practitioner, you are asked to provide the following information:

Health Care Practitioner's name: (*Print*) _____

Health Care Practitioner's Title/ Certification/Licensure: _____

Health Care Practitioner's business address: _____

Type of practice/medical specialty: _____

Telephone: () _____ (Fax) () _____

Email address: _____

Based on your professional knowledge, experience, and knowledge of this Student, does the Student currently suffer from a medical condition, mental health condition or a disability that would be exacerbated by being required to wear a face covering (other than a face shield) indoors at school?

Yes: _____

No: _____

If yes, please explain _____

If yes, would this medical condition, mental health condition or disability preclude the Student from safely wearing a face shield indoors in school?

Yes: _____ No: _____

Based on your professional knowledge, experience, and knowledge of this Student, would a requirement that the Student wear a face covering (other than a face shield) indoors at school cause the Student to develop a medical condition, mental health condition or a disability?

Yes _____ No _____

If yes, please explain _____

If yes, would this also preclude the Student from safely wearing a face shield indoors in school?

Yes _____ No _____

Based on your professional knowledge, experience, and knowledge of this Student, is the Student hearing-impaired or suffering from another disability where the ability to have his/her mouth seen, is essential for communication, such that being required to wear a face covering (other than a face shield) indoors at school would exacerbate the Student's hearing-impairment or other disability?

Yes _____ No _____

If yes, please explain _____

If yes, would this preclude the Student from safely wearing a face shield indoors in school?

Yes _____ No _____

Please provide any additional information which, in your professional opinion, is relevant to these issues.

Signature of Health Care Provider _____

Date: _____