



# PANDEMIC MANDATED EMPLOYEE FACE COVERING REQUEST FOR EXEMPTION

## DUE TO MEDICAL CONDITION, MENTAL HEALTH CONDITION, OR DISABILITY

In connection with a pandemic, Provo City School District will require employees to wear face coverings. The district recognizes that some employees may have medical conditions, mental health conditions, or disabilities that make it medically inadvisable to wear a face mask. In order to receive an exemption from applicable face covering requirements, this form must be completed and returned to Human Resources.

Employees Full Name:	Employee Number:
Employees Position:	School/Location:
I affirm that I have been diagnosed with the medical condition, mental health condition noted below	
Signature:	Date:

### MEDICAL CERTIFICATION

As the employee's health care provider, I certify that this employee has a medical condition, mental health condition, or disability that substantially limits a major life activity and which makes it inadvisable to wear a face covering.

This employee has been diagnosed with the following medical condition:

\_\_\_\_\_

State the reason(s) why it is not feasible for the employee to wear a face covering:

\_\_\_\_\_

\_\_\_\_\_

This medical exemption is permanent.

This medical exemption is temporary exemption through \_\_\_\_\_. (Date)

Based on the nature of this employee'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.

Name of Physician (Print):

Date:

Signature of Physician:

Notes:

### EMPLOYEE FACE COVERING EXEMPTION DETERMINATION

(District Use Only)

Face Covering Exemption  Approved  Denied

HR Initials & Date:

