



2021-2022 Student Mask Exemption Request & Medical Certification Form

K-12 (K is inclusive of TK) students and Preschool students ages 2 and up are required to mask indoors in school settings, with exemptions per CDPH facemask guidance. Parents/guardians of a student with a medical condition, mental health condition, or disability that prevents wearing a mask may request an exemption per [California Department of Public Health \(CDPH\) guidelines](#).

According to [CDPH guidelines](#):

- K-12 students are required to mask indoors, with exemptions per [CDPH facemask guidance](#).
- Preschool students ages 2 and up are required to mask indoors per [Guidance for Child Care Providers and Programs](#)
- Persons exempted from wearing a face covering due to a medical condition, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

In connection with the COVID-19 pandemic, CDPH requires students to wear face coverings while in attendance in-person at school to the extent required by applicable federal, state, or local laws, regulations, ordinances, emergency orders, or state/local schools board action.

CDPH 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 for which an exemption may be obtained. Please note that asthma and allergies generally do not qualify for a medical exemption.

This Exemption Request must be completed in its entirety by the parent/guardian and Medical Provider (physician) and submitted to Thomas J. Burnham Roman Catholic Diocese of Orange who will initiate the interactive process to assess accommodation.

tburnham@rcbo.org



**ROMAN CATHOLIC
DIOCESE of ORANGE**

Instructions:

Parent/Guardian completes Part 1

Student's Medical Provider completes Part 2

Submit the completed forms to tburnham@rcbo.org

Part 1: To be Completed by Parent/Guardian _

**Field must be completed or the form will be considered incomplete*

Parent/Guardian's Name filling out this form: * _____

Phone # * _____ Email: * _____

Student Name *	Student Date of Birth *
Home Address *	School/Grade *
Parent/Guardian Consent to Face Covering Exemption (Please Initial)	
<p>I understand that according to CDPH, masks are one of the most effective and simplest safety mitigation layers to prevent in-school transmission of COVID-19 infections. *</p> <p>___</p> <p>I understand that according to CDPH, if a mask medical exemption is granted, per CDPH guidance a face shield with drape is required.*</p> <p>___</p> <p>I understand that according to CDPH, if the mask exemption is NOT granted, I must send my child to school with a mask. *</p>	
Parent/Guardian Name (print) *	Date *
Parent/Guardian Signature *	
Parent/Guardian Consent for Release and Exchange of Information	
<p>I affirm that my child has been diagnosed with the medical condition, mental health condition, and/or disability described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with</p> <p>* _____ (School Name).</p>	

Parent/Guardian Name *	Parent Telephone *
Signature of Parent/Guardian *	Date *

Part 2: To be completed by a Physician, Nurse Practitioner, or other licensed professional practicing under a license of a physician.

**Field must be completed or the form will be considered incomplete*

Medical Certification
<ul style="list-style-type: none"> As the student's physician, I certify that this student has a medical or mental health condition, and/ or disability and that a face covering may cause harm or obstruct breathing which makes it inadvisable or impracticable for the student to wear. 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.
<p>I certify that this student has a:*</p> <ul style="list-style-type: none"> Medical Condition Mental Health Condition Disability <p>Based on the nature of this student's impairment indicated above:</p> <ul style="list-style-type: none"> Student is medically unable to wear a mask and must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it. Additional recommendations: _____

Name of Physician (Print):*	Medical License #: *
	Type of Provider (PA, MD, NP, DO, etc.):* <i>Must be a California Licensed healthcare provider in good standing</i>

Signature of Medical Provider *	Date: *
Address: *	Telephone: *