

AVELLA AREA SCHOOL DISTRICT
CERTIFICATION OF HEALTH CARE PRACTITIONER
FACE COVERING EXEMPTION FORM

Student Name _____

To Health Care Practitioner:

The Avella Area 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.

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 speciality: _____

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: _____