WEST YORK AREA SCHOOL DISTRICT

Student Mask Exemption Request & Medical Certification Form

In compliance with the State Public Health Order dated August 31, 2021, District students will be required to wear face coverings, herein termed "mask", while attending in-person at school to the extent required by applicable federal, state, or local laws, regulations, ordinances, emergency orders, or state/local school board action. The District recognizes that some students may have medical conditions, disabilities, or mental health conditions for whom wearing a face covering or attending school in-person may be detrimental, and thus the District will reasonably accommodate these students.

To receive an exemption from wearing a mask, this form must be completely filled out and returned to the school nurse to be reviewed with the Director of Special Ed/Pupil Services.

This form may be updated as further guidelines are provided by the PA Dept. of Health/PDE or other governing agencies.

Student's Full Name	Student ID Number	Student Date of Birth
Home Address	School	Grade
Student Currently Has ☐ Individualized Education Plan (IEP) ☐ Section 504 Plan ☐ Other specific school health orders ☐ N/A		

Parent Consent for Two Way Communication	
I affirm that my student has been diagnosed with the medical condition(s) described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with School District officials.	
Parent/Guardian Name (print)	Date
Parent/Guardian Signature	

Medical Certification
As the student's health care provider, I certify that it is inadvisable or impractical for the student to wear a face covering for the following reason(s): _____ _____ _____

☐ This medical exemption is valid through the 2021-2022 academic year. ☐ This medical exemption is temporary through:	
Date	Address/Telephone
Name of Provider (Print)	
Provider Signature	Medical License

For District Use Only:

Received By: _____ Date: _____ Time: _____

Approved Not Approved Reason: _____

Director of Special Education/Pupil Services: _____ Date: _____