

PLEASE COMPLETE TOP SECTION BEFORE GIVING IT TO YOUR HEALTHCARE PROVIDER

Student/School Staff Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

The above-named individual requires documentation from a medical or osteopathic doctor that they are unable to wear a face covering during the 2020-2021 school year due to a medical condition. Schools are required to obtain this documentation as they are with any other accommodation\*. We appreciate your time and assistance in this matter.

The above-named individual **cannot** medically tolerate a face covering due to the following medical condition:

\_\_\_\_\_

If unable to medically tolerate a face covering, this student/staff member **is able** to use a face shield:

\_\_\_\_ Yes

\_\_\_\_ No

\_\_\_\_ If No, why not: \_\_\_\_\_

Medical/Osteopathic Physician's name and licensure: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby agree with and authorize any restrictions or limitations described above pertaining to my child or ward.

Parent or Guardian Signature: \_\_\_\_\_

\*This list of acceptable conditions along with the guidance for schools to require this documentation from a medical professional has been provided by the state of Michigan and can be found at [https://www.michigan.gov/coronavirus/0,9753,7-406-98178\\_98455-535121--,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-535121--,00.html) .