

## Employee Face Covering Medical Exemption Request

Pursuant to Executive Order 2020-142 (or any successor order) and consistent with guidance from the United States Centers for Disease Control and Prevention, Huron Intermediate School District requires all staff to wear a face covering while on duty to prevent the spread of COVID-19 in the school and workplace. To be considered for a face covering medical exemption:

- 1) The staff member must complete and sign Section A below, *and*
- 2) A medical professional must complete and sign Section B

The completed form must be submitted to the District's superintendent.

### Section A

#### To be completed by the staff member

I, \_\_\_\_\_, am not required to wear a face covering while on duty because I cannot medically tolerate wearing a face covering.<sup>1</sup> I understand that:

1. by not wearing a face covering while on duty, I may be at increased risk of contracting or spreading COVID-19 in the school and workplace;
2. the school/district may take additional safety precautions, including requiring me to wear a face shield or other personal protection equipment, to protect others from contracting COVID-19 in the school and workplace;
3. the school/district may consider alternative work options for me, including whether working remotely is appropriate.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Section B

#### To be completed by medical professional<sup>2</sup>

I certify that I have examined the individual identified above and it is my professional opinion that: [check all that apply]

- The individual is medically able to wear a face covering while on duty.
- The individual has a physical or mental impairment, but they can tolerate wearing a face covering while on duty if accommodations are provided (e.g., periodic breaks).
- The individual has a physical or medical condition that prevents him/her from wearing a face covering at while on duty.

If the individual has a physical or medical condition that limits or prevents him/her from wearing a face covering while on duty, describe the impairment and how it affects the employee's ability to tolerate a face covering while on duty.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Medical Professional's Name (Print)

\_\_\_\_\_  
Medical Professional's Signature

\_\_\_\_\_  
Date

<sup>1</sup> If you believe you are entitled to an exemption to the face-covering requirement for a nonmedical reason, please contact the District's superintendent, in writing, to explain the basis for that exemption.

<sup>2</sup> A medical professional means a physician or physician's assistant as defined in the Michigan Public Health Code.

Note: submitting this form does not guarantee that your exemption request will be granted. The District will review your request based on existing federal, state, and local legal requirements as well as public health recommendations and directives.