



COVID-19 STUDENT FACE COVERING REQUEST FOR EXEMPTION DUE TO MEDICAL CONDITION

In connection with the COVID-19 pandemic and the recent Public Health Order of Constraint (Order No. 2022-1), Granite School District will require students to wear face masks while in attendance in-person at school as required by the aforementioned Public Health Order and Utah State Code 53G-9-210.

The District recognizes that some students may have medical conditions that make it medically inadvisable or otherwise inappropriate to wear a face mask and accommodations may be needed.

In order to receive an exemption from applicable face covering requirements, this form must be completely filled out and returned to the Health and Related Services office **AS SOON AS POSSIBLE**.

Student's Full Name:	Student's Date of Birth:	Grade:
Student's Home Address:	School Name:	
Student Currently Has An: <input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Health Care Plan <input type="checkbox"/> N/A		
I affirm that my student has been diagnosed with the medical condition described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with Granite School District officials.		
Parent/Guardian Name:	Parent Telephone:	
Signature of Parent/Guardian:	Date:	
MEDICAL ATTESTATION		
In consultation with my student's health care provider, I certify that my student has a medical condition, mental health condition, or intellectual or developmental disability that prevents the individual from wearing a respirator, mask, or face covering because:		
This student has been diagnosed with the following medical condition:		
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State the reason(s) why it is not feasible for the student to wear a face covering:		
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Based on the nature of this student's impairment and the potential difficulty of wearing an appropriate face mask, the school shall develop a plan that makes appropriate accommodations for the above-named student while maintaining the safety of other students and district personnel. Recommended accommodations include:		
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Name of Physician (Print):	Clinic Name:	
Address:	Date:	
STUDENT FACE COVERING EXEMPTION DETERMINATION (District Use Only)		
Face Covering Exemption: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Administrator Initials:	Date: