

COVID-19 VISITOR FACE COVERING REQUEST FOR EXEMPTION DUE TO MEDICAL CONDITION OR DISABILITY

In connection with the COVID-19 pandemic, Career Path High will require visitors to wear face coverings (masks, face shields, or other similar coverings that cover the nose and mouth) while on school property to the extent required by applicable federal, state, or local laws; regulations; ordinances; emergency, public health, or executive orders; or state or local school board action. Career Path High recognizes that some visitors may have medical or mental health conditions or disabilities that make it medically inadvisable or otherwise inappropriate to wear a face covering and will reasonably accommodate such visitors. **In order to receive an exemption from applicable face covering requirements while on school property, this form must be completely filled out and returned to the school. Please note - this waiver only applies to Career Path High spaces. Davis Technical College continues to require face coverings in all common spaces.**

Visitor Full Name:	Visitor Address & Phone Number:
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I affirm that I have been diagnosed with the medical condition or disability described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition or disability with Career Path High officials.

Visitor's Signature:	Date:
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MEDICAL CERTIFICATION

As the health care provider of the individual named above, I certify that this individual has a medical condition, mental health condition, or disability that prevents him/her from wearing a face mask, face shield, or other similar covering that covers the nose and mouth.

This individual has been diagnosed with the following medical condition, mental health condition, or disability:

State the reason(s) why the condition or disability prevents the individual from wearing a face covering:

- This medical exemption is permanent.
- This medical exemption is temporary (duration of temporary exemption ____ / ____ / ____).

Name of Physician (Print):	Medical License #:
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Signature of Physician:	Date:
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VISITOR FACE COVERING EXEMPTION DETERMINATION

Face Covering Exemption: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Administrator Initials & Date:
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