

COVID-19 Face Covering Medical Waiver Form

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 that they are unable to wear a facial covering 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:

- Medical condition that causes trouble breathing
- Medical condition that makes them unable to remove the cloth face covering without assistance
- Has neither of the above contraindications to mask use

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

- Yes
- No

Healthcare provider name: _____

Signature: _____

Date: _____

Phone Number: _____

**The 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.

