

COVID-19 SCHOOL GUIDANCE

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 makes them unable to remove the cloth face covering without assistance

_____ Other reason (please list) _____

_____ This child should complete virtual/remote learning due to this medical condition

If unable to medically tolerate a face covering, this person **is able** to use a face shield

_____ Yes

_____ No

Healthcare provider name: _____

Signature: _____

Date: _____

Phone Number: _____

*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.