

Bellwood-Antis School District
Face Covering Exemption Request Form

On Tuesday, August 31, 2021, an Order was issued by the Pennsylvania Department of Health, that “...each teacher, child/student, staff, or visitor working, attending, or visiting a school entity shall wear a face covering indoors...” regardless of their vaccination status. with the exceptions outlined in Section 3 of the Order. Those exceptions are listed below.

If you feel that your child qualifies for one of the exceptions listed under Section 3, please complete the form (below) and return to your child’s principal.

Section 3: Exemptions to Covering Requirement

The following are exceptions to the face covering requirements in Section 2. All alternatives to a face covering, including the use of a face shield, should be exhausted before an individual is excepted from this Order.

- A. If wearing a face covering while working would create an unsafe condition in which to operate equipment or execute a task as determined by local, state, or federal regulators or workplace safety guidelines.
- B. If wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability.
- C. When necessary to confirm the individual’s identity.
- D. When working alone and isolated from interaction with other people with little or no expectation of in-person interaction.
- E. If an individual is communicating or seeking to communicate with someone who is hearing-impaired or has another disability, where the ability to see the mouth is essential for communication.
- F. When the individual is under two (2) years of age.
- G. When an individual is:
 - (1) Engaged in an activity that cannot be performed while wearing a mask, such as eating and drinking, or playing an instrument that would be obstructed by the face covering; or

(2) Participating in high intensity aerobic or anerobic activities, including during a physical education class in a well-ventilated location and able to maintain a physical distance of six feet from all other individuals.

H. When a child/student is participating in a sports practice activity or event, whether indoors or outdoors.

Print Child's First and Last Name: _____

Print Child's School: _____ Grade Level: _____

List your child's exception (listed above) and explain:

I affirm that I have read and agree with the following statements:

I confirm all alternatives to a face covering, including the use of a face shield, have been exhausted.

I understand that the district must evaluate all available evidence to determine whether my child has a medical condition or disability that would entitle my child to the protections under Section 504 of the Rehabilitation Act of 1973. As such upon request, I will provide the district with documentation as required.

I confirm and I understand that there is an increased risk of exposure to and/or contact COVID-19, and that there are no exceptions to quarantine guidance for unmasked, unvaccinated individuals.

I understand that accommodations must be made for my child throughout the school day to mitigate risk of COVID-19 and accommodate this request.

I understand that I will be expected to confirm this certification with a note from my child's physician within five days of submission of this request to clearly describe how the medical condition impacts the child's ability to access his/her program. If I do not conform the accuracy of this statement with verification from my child's physician within the five-day timeframe, it will be necessary for me to submit another exemption request form and this medical verification in order to maintain a medical exemption. I understand that this information along with the physician confirmation will be kept on file with BASD.

By signing this document, I hereby affirm and certify that the above information is true and correct. I am providing the foregoing information subject to penalty for making unsworn falsification to public officials, 18 Pa. Cons. Stat. subsection 4904

Parent or Guardian Printed Name: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

All exemption forms must be provided in hard copy with original signatures to your child's home school office. Each child will need their own form and supporting documentation from a physician. Email or electronic forms will not be accepted.

Office Use Only

___ Medication documentation from a licensed physician has been submitted and verified.

___ Exemption has been approved and parents/staff notified.