

MEDICAL CERTIFICATION FOR STUDENT FACE COVERING

EXEMPTION / ACCOMMODATION

As a result of the COVID-19 pandemic, Illinois is currently operating under a five-phase plan referred to as Restore Illinois. Under Phase 4 of Restore Illinois, Illinois schools are permitted to return to in-person instruction so long as they adhere to health and safety guidance from the Illinois Department of Public Health (IDPH). To ensure the health and safety of students, staff, and the school community, students are expected to cooperate with all IDPH safety protocols at school and school-related activities, including the use of face coverings. A person may be exempted from using a face covering if there is a bona fide medical contraindication to its use. If you believe that your student has a medical condition that makes wearing a face covering contraindicated, please have the student's physician complete this form and return it to Nurse Nancy Antonini at Pioneer Grove Educational Center. Fax #: 815-806-4601 or email to lwase@lwase843.org.

Student Name _____ DOB: _____

Student Address _____

Parent / Guardian Name _____

Parent / Guardian Phone Number _____

School Name _____ Grade _____

TO BE COMPLETED BY PHYSICIAN LICENSED TO PRACTICE MEDICINE IN ALL BRANCHES OF MEDICINE:

1. Check all that apply and provide explanation/diagnosis:

Medical Contraindication to Wearing Cloth Face Covering _____

Expected Duration of Contraindication: _____

Medical Condition that Limits Student's Ability to Wear Face Covering _____

Expected Duration of Medical Condition: _____

Other Factors that Limit Student's Ability to Wear Face Covering _____

Expected Duration of Other Factors: _____

2. Can the student wear a cloth face covering for any period of time less than a full school day? Y/N
If yes, please describe the time limitations and provide any recommendations on the amount of time and frequency that the student can safely wear a face covering _____

3. If a student is exempt from wearing a face covering, what accommodations, if any, are recommended to maintain the student's health and safety and to maintain the health and safety of others in the school environment? _____

4. What accommodations, if any, are recommended to maintain the student's health or safety if the student would be in contact with other students who are exempt from wearing a face covering? _____

Printed Name of Physician licensed to practice medicine in all branches of medicine:

Provider Address: _____

Provider Telephone Number (including area code): _____

Original Signature of Physician, APRN, PA or Audiologist: _____

FOR DISTRICT USE:

Date Completed Form Received _____