[Finalize on District Letterhead]

[Date]

**DISTRICT STUDENT MASK EXEMPTION PROCESS**

[INSERT] District (“District”) is adopting this process to address the current California Department of Public Health (CDPH) mandatory requirement for K-12 students to wear masks indoors unless they qualify for an exemption.

The current applicable state guidance regarding face coverings and exemptions states:[[1]](#footnote-1)

K-12 students are required to mask indoors, unless exempt under CDPH face covering guidance.[[2]](#footnote-2) Persons exempted from wearing a mask due to a medical condition must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

Schools must develop and implement local protocols to enforce these mandatory mask requirements. District has developed and implemented local protocols to provide a face covering to students who inadvertently fail to bring a face covering to school to prevent unnecessary exclusions.

District will offer alternative educational opportunities for students who are excluded from campus because they will not wear a face covering.

Public schools are limited by the requirements contained in Education Code section 51745(c), adopted as part of Assembly Bill 130, which provides that an individual with exceptional needs, as defined in Education Code section 56026, shall not participate in independent study unless the pupil’s individualized education program specifically provides for that participation.

There are two exemptions from the mandatory mask requirement listed in the state guidance that are applicable in the school setting:

1. Persons with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance.

2. Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.

**Medical Determination from Physician**[[3]](#footnote-3)

CDPH has clarified that assessing whether or not a student qualifies for an exemption from the mandatory mask requirement is a medical determination that must be made by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician. Self-attestation or parental attestation for medical exemptions do not constitute medical determinations.

A physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician may either complete the District’s Mask Exemption Eligibility Form, or provide a medical note that states that the student qualifies as having a medical condition, mental health condition, disability, or hearing impairment, that prevents the wearing of a mask pursuant to CDPH mandatory mask requirements.

**Medical Determination Based on Student File**

Students already on an Individualized Educational Plan (IEP) that includes a medical diagnosis that is a qualifying basis for a medical exemption from the mandatory mask requirement will not be required to obtain an additional doctor’s note to qualify for a medical exemption from wearing a mask.

The District may utilize the information in the student’s file as the required medical determination to allow the student an exemption from wearing a mask. District staff will be required to complete the Mask Exemption Eligibility Form to document where in the student’s file the medical diagnosis information is located that serves as the basis for the medical exemption.

[Place on District Letterhead]

**Mask Exemption Eligibility Form**

Health Care Provider Name:

Telephone Number:

Student qualifies as having a medical condition, mental health condition, or disability that prevents the wearing of a mask pursuant to CDPH requirement.

Signature of Provider:

Date Certification Provided:

Duration of Exemption:

**Office Use Only:**

Certification attached:  Yes  No

Provider signature on attachment:  Yes  No

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

**Medical Determination from Physician**

Medical Condition:

Mental health:

Disability:

Hearing impaired:

Speech & Language:

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

**Medical Determination Based on Student File**

1. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx> [↑](#footnote-ref-1)
2. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx> [↑](#footnote-ref-2)
3. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Schools-FAQ.aspx> [↑](#footnote-ref-3)