

PLEASANT VALLEY SCHOOL DISTRICT
PHYSICIAN CERTIFICATION FOR REQUEST FOR
EXEMPTION TO MASK MANDATE

Instructions: This Form must be completed fully, including the certification, by the Student's medical doctor and submitted to the District in support of any request for exemption to the District's mask mandate based upon a disability or medical condition. Please note that a letter from the Student's medical provider will not be accepted in lieu of this Form.

Please be sure to sign the certification on the next page. All completed forms are to be returned to the Superintendent's Office.

Student Information

Name of Student: _____
Parent/Guardian: _____
Address: _____
Date of Birth: _____
School: _____

1. I certify the above-named student is currently under my care and has the following diagnosis or condition (please state with specificity and how long):

2. In your professional judgement, as a result of the aforementioned diagnosis or condition is the student unable to wear a mask safely, as outlined by the CDC or subject to an exemption to August 31, 2021 Order of the Acting Secretary of the Pennsylvania Department of Health Directing Face Coverings in School Entities?

Yes ____ **No** ____

3. To your knowledge, did the student wear a mask in school during 2020-21 school?

Yes ____ **No** ____

4. Explanation of medical/mental health condition as it would impact mask wearing:

