

Updated January 7, 2021

**Rockwood Area School District
Required Documentation of Exemption from
COVID-19 Face Covering Requirement**

As per the "Updated Order of the Secretary of the Pennsylvania Department of Health Requiring Universal Face Coverings", all staff and children two years old and older must wear a face covering during school hours and while travelling on school district transportation. Face coverings are defined as a covering of the nose and mouth with material that is secured to the head with ties, straps, or loops over the ears or is wrapped around the lower face. A "face covering" can be made of a variety of synthetic or natural fabrics, including cotton, silk or linen. A "face covering" may be factory-made, sewn by hand, or be improvised from household items, including, but not limited to, scarfs, bandanas, t-shirts, sweatshirts, or towels.

Individuals who cannot wear a face covering due to a medical condition, including those with respiratory issues that impede breathing, a mental health condition, or disability, and children who would be unable to remove a face covering without assistance, are not required to wear face coverings. Individuals who are communicating or seeking to communicate with someone who is hearing impaired or who has another disability, where the ability to see the mouth is essential to communication, also are not required to wear a face covering.

The above student or staff member qualifies for an exemption from wearing a face covering during school hours and also while in transport to and from school.

Student/Staff Name: _____ **DOB:** _____

Signature of Parent or Guardian or Staff Member Signature Date

Note: Individuals who qualify for a face covering exception will be expected to wear a face shield as an alternative. Students or staff members who are unable to wear a face shield as an alternative must provide the following medical documentation:

In my professional opinion the above named individual **can not** wear a face mask/ covering **or** a face shield due to the following diagnosis/ies:

If the student can not wear a fask mask/covering or a face shield, do you feel they can safely attend in person school (in the school building with other students/staff) _____

Please feel free to add any other information you feel would be beneficial in the care of this student regarding the current Pandemic situation?

Provider Signature (MD, DO, CNP, or PA authorization only) Date