



Face Mask Medical Exemption Request Form

The Washington State Department of Health has ordered that every person in Washington, including children, wear a face covering over their nose and mouth when they are in places generally accessible to others from outside their household, with very limited exceptions. For students, that means each child ages five and older is required to wear a face covering when at school or on school transportation unless the student has a **“medical condition, mental health condition, developmental or cognitive condition, or disability that prevents wearing a face covering.”**

Please return this completed form to your child’s **504 Building Coordinator**.

Student Name _____ Grade _____ Date of Birth _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date of Signature: _____

The above named student has requested a medical waiver for exemption to the Secretary of Health's [Mask Order \(No. 20-03.4\)](#).

As a result, Seattle Public Schools is seeking information and the following is to be filled out by a medical provider only.

Is it medically necessary for the student to **NOT** wear a mask as defined by the [Washington State Department of Health](#)?

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Health Care Practitioner Declaration

I have discussed the benefits and risks of wearing a mask with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

Please select from the drop down box or write your Credentials

Washington License # _____

Date: _____

Licensed Health Care Practitioner Name (please print)

Licensed Health Care Practitioner Signature