



**REQUEST FOR FACE COVERING EXEMPTION AND CERTIFICATION
2021-2022 SCHOOL YEAR**

Employee/Visitor: _____

Work Location(s): _____

AUTHORIZATION: I represent that I am the employee/visitor listed above.

Employees/Visitors are advised that the COVID-19 virus is a new disease and pandemic information is learned on an almost daily basis. COVID-19 can be life-threatening and based on the information available, it is transmitted by close person-to-person contact or by exposure to surfaces where COVID-19 viruses may be present.

Many underlying medical conditions can be adversely affected by COVID-19. I understand that by not wearing a mask, I may be at an increased risk of contracting COVID-19 if exposed to COVID-19 in the school setting and, further, that I may be required to quarantine outside of school.

If I indicate that I have a medical condition, mental health condition, or disability, I will receive follow up from the district's human resources department regarding my permission for an ADA paperwork package to be completed, if warranted.

I hereby certify that the above individual qualifies for an exception to the Order of the Acting Secretary of the Pennsylvania Department of Health Directing Face Coverings in School Entities ("Masking Order") and I state that:

1. I understand the Masking Order states that:
 - a. under Section 2 of the Masking Order, each teacher, child/student, staff, or visitor working, attending, or visiting the school district must wear a face covering indoors, regardless of vaccination status, except if he or she fits within an exception enumerated in the Order;
 - b. under Section 3 of the Masking Order, in order to qualify for an exception to the requirement to wear a face covering indoors, all alternatives to a face covering, including the use of a face shield, should be exhausted;
 - c. in accordance with Section 3 of the Masking Order, there exist certain situations in which individuals may seek an exception from the requirement to wear masks, including the following:
 - i. If wearing a face covering while working would create an unsafe condition in which to operate equipment or execute a task as determined by local, state, or federal regulators or workplace safety guidelines.
 - ii. If wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability; and
 - d. under Section 4 of the Order, school entities must provide reasonable accommodations for individuals who state they have a medical condition, mental health condition, or disability that makes it unreasonable for the person to maintain a face covering.



2. I hereby seek an exception for the above-named employee/visitor because wearing a face covering, or an alternative to a face covering, would cause or exacerbate a: (select all that apply with a \surd)
- a. medical condition, including respiratory issues that impede breathing;
 - b. mental health condition;
 - c. disability;
3. The above-named individual is entitled to a reasonable accommodation to the Masking Order of the Acting Secretary of the Pennsylvania Department of Health because it is unreasonable for the individual to maintain a face covering due to a medical condition, mental health condition, disability or other reason identified in paragraph 2 or the individual falls within one of the exceptions in Section 3.
4. I am at least 18 years of age and of sound mind, and I hereby confirm that all statements made in this certification are true and correct to the best of my knowledge and belief.
5. As a result of my request for an exemption, I hereby waive, release, and forever discharge the Central Bucks School District, its Board of Directors, employees, agents, administrators, and attorneys, for myself, from all claims, demands, damages, actions, causes of actions, suits at law or in equity of whatever kind or nature, whether civil, criminal, or mixed, as a result of the potential increased risk from not wearing a mask.

As set forth herein, I certify that the above-named individual meets the criteria set forth in the Masking Order for an exception to the face covering requirement because of a medical condition, mental health condition, or disability or other reason identified in the Masking Order. I further certify that should the circumstances change, and the individual no longer requires an exception, I will immediately inform the District.

Employee/Visitor Signature: _____ Date: _____

Employee/Visitor Name (please print): _____