

COVID-19 Employee Face Covering Exemption Request and Medical Certification

In connection with the COVID-19 pandemic and compliance with the Governor’s Executive Order, Jordan School District will require employees to wear face coverings while in attendance in-person at school to the extent required by applicable federal, state, or local laws, regulations, ordinances, emergency orders, or state/local school board action.

Jordan School District recognizes that some employees may have disabilities, medical conditions or mental health conditions for whom wearing a face covering may cause harm or obstruct breathing and thus we will reasonably accommodate these employees.

In order to receive an exemption from applicable face covering requirements, this form must be completely filled out, signed by your physician and returned to Human Resources.

Employee Name	Employee Date of Birth	Position
Home Street Address		School/Department
Home City, State, Zip		Phone Number

Medical Certification

As the employee’s health care provider, I certify that this employee has a physical, medical or mental impairment that substantially limits a major life activity and that a face covering may cause harm or obstruct breathing which makes it inadvisable or impracticable for the employee to wear (examples include but are not necessarily limited to respiratory impairments, hearing impairments requiring the use of facial/mouth movements, physical impairments that make it difficult to easily wear or remove a face covering, sensory impairments, etc.) because:

It could cause harm or dangerously obstruct breathing at **all** times.

- Yes
- No, but the employee could benefit from:
 - Breaks in addition to those already built into the work day day (lunch, breaks)
 - Removal if respiratory distress occurs (e.g. during an asthma attack, allergic reaction)

This employee has been diagnosed with the following medical/respiratory condition:

- This medical/respiratory condition DOES place the employee at greater risk for contracting COVID
- This medical/respiratory condition DOES NOT place the employee at greater risk for contracting COVID

State the reason(s) why it is not feasible for the employee to wear a face covering:

Based on the nature of this employee's impairment and potential difficulty of maintaining physical distancing within the work environment:

- A transparent plastic face shield WOULD BE a reasonable alternative to a face covering.
- A transparent plastic face shield WOULD NOT BE a reasonable alternative to a face covering.

Additional Recommended Accommodations Include:

<input type="checkbox"/> This medical exemption is permanent. <input type="checkbox"/> This medical exemption is temporary. (Duration of temporary exemption ____/____/____)	
Name of Physician (Print)	Medical License #:
Physician Practice Name/Address	Physician Title:
	Physician Phone Number:
Signature of Physician	Date