



CLINTON COMMUNITY SCHOOLS

341 E. Michigan Avenue
Clinton, Michigan 49236-9564
(517) 456-6501 Superintendent's Office
Request for Face Mask Medical Exemption

The Clinton Community Schools is requiring its employees and students to wear a reusable cloth or disposable facemask that covers the individual's mouth and nose at all times while present within The Clinton Community Schools and other buildings subject to the following exceptions:

1. Students/children two years of age and under are not required to wear a facemask at any time.
2. Students in PreK-5th grade are not required to wear a facemask while in their classroom.
3. No individual is required to wear a facemask while engaged in eating a meal.
4. No individual is required to wear a facemask while outside, provided that physical/social distancing of at least six feet between persons can be maintained at all times.

The Clinton Community Schools understands that some individuals may have a medical condition that prevents them from wearing a facemask. In these situations, the individual must have this form completed by the individual's physician, physician's assistant, nurse practitioner, or another healthcare provider that is qualified to make such a determination.

Student or Employee Name: _____ Date of Birth: _____

Parent/Guardian Name*: _____

*This only applies to students, not employees.

The above named student or employee has requested a medical exemption to the Clinton Community Schools requirement that facemasks be worn. To substantiate such, the the Clinton Community Schools requires medical verification that the above named student or employee cannot medically tolerate wearing a facemask.

Healthcare Professional Name: _____

Medical Practice/Affiliation: _____

Phone Number: _____

In my professional opinion, the above-named student or employee of the
The Clinton Community Schools cannot medically tolerate wearing a facemask covering his/her mouth
and nose for the following medical reasons:

If this individual is unable to wear a facemask, can he/she wear a face shield?

Yes No

Healthcare Provider Signature: _____ Date: _____

If you are a Clinton Community Schools student, please return the completed form to your child's school. If you are a Clinton Community Schools employee, please return the completed form to your supervisor.

