Per the “MI Safe Schools: Michigan 2020-21 Return to School Roadmap” Policy Manual, it is required that facial coverings must always be worn by PreK-12 students except while eating. Any student who is unable to medically tolerate a facial covering or who is incapacitated or unable to remove the facial covering without assistance, must not wear one.

*In order to properly document the medical condition that precludes wearing a facial covering, your student’s physician or physician’s assistant must complete the following form.*

Date: __________________________

Student Name: ___________________________________________________________ DOB: __________________

Student’s Medical Condition: ________________________________________________

*Please initial all of the statements below that apply to this student:*

- [ ] Student has a medical condition that causes him or her to be unable to tolerate wearing a facial mask.
- [ ] Student has a medical condition that causes him or her to be unable to tolerate wearing a facial shield.
- [ ] Student is incapacitated or unable to remove a facial covering without assistance.

_______________________________________                                  ______________________________
Printed Name of Physician/Physician’s Assistant                                Physician/PA’s Office Phone Number

_______________________________________
Physician/Physician’s Assistant Signature

*Return this form to:*
Oxford Community Schools
Student Services Office
10 N Washington
Oxford, MI 48371
FAX: 248-969-5016

7/29/2020