

FACE COVERING EXEMPTION FORM

I am the parent or guardian of the below referenced Student. Intending to be legally bound, I execute this Form on behalf of the Student and acknowledge and/or represent the following:

1. An August 31, 2021, the Order (the "Order") of the Pennsylvania Secretary of Health, and related guidance provided by the PA Department of Health, provides as follows regarding the Face Covering Requirement intended to mitigate the spread of the COVID-19 Virus:

Section 3: Exceptions to Covering Requirement

The following are relevant exceptions to the face covering requirements in Section 2.

B. 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.

E. If an individual is hearing-impaired or has another disability, where the ability to see his/her mouth is essential for communication.

2. The Order also provides that all alternatives to wearing a face covering, including the use of a face shield, should be exhausted before an individual is exempted from this Order.

3. Uniontown Area School District is legally permitted to require certification from a student's health care practitioner that the student should be exempted from the Order.

4. I hereby certify that the Student, cannot wear a mask because

I also hereby certify that the Student cannot wear a face shield because

5. Attached to this Form is the required Certification from the Student's Health Care Practitioner.

6. I hereby authorize the Uniontown Area School District to communicate with the Student's Health Care Practitioner if clarification is needed.

Print Name of Student: _____

I hereby verify that the above statements are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

I fully understand that should my child be exempt from the Face Covering Order it may put the Student at a higher risk for contracting COVID-19 or having to quarantine.

Dated: _____

Signature: _____

Print Name of Parent/
Guardian: _____