

**UNIONTOWN AREA SCHOOL DISTRICT**  
**CERTIFICATION OF HEALTH CARE PRACTITIONER**  
**FACE COVERING EXEMPTION FORM**

Student Name \_\_\_\_\_

**To Health Care Practitioner:**

The Parent/Guardian of the Uniontown Area School District Student referenced above has requested a medical exemption from wearing a face covering while attending school.

As the Student's Health Care Provider, you are asked to provide the following information:

Health Care Practitioner's name:  
(Print) \_\_\_\_\_

Health Care Practitioner's Title/ Certification/  
Licensure: \_\_\_\_\_

Health Care Practitioner's business  
address: \_\_\_\_\_

Type of practice/medical specialty: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email address: \_\_\_\_\_

1. Based on your professional knowledge, experience, and knowledge of this Student, does the Student currently suffer from a medical condition, mental health condition or a disability that would be exacerbated by being required to wear a face covering (other than a face shield) indoors at school?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If \_\_\_\_\_ yes, please  
explain \_\_\_\_\_

1.A. If yes, would this medical condition, mental health condition or disability preclude the Student from safely wearing a face shield indoors in school?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Based on your professional knowledge, experience, and knowledge of this Student, would a requirement that the Student wear a face covering (other than a face shield) indoors at school cause the Student to develop a medical condition, mental health condition or a disability?

Yes \_\_\_\_\_ No \_\_\_\_\_

If \_\_\_\_\_ y e s , \_\_\_\_\_ p l e a s e  
explain \_\_\_\_\_

2.A. If yes, would this also preclude the Student from safely wearing a face shield indoors in school?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Based on your professional knowledge, experience, and knowledge of this Student, is the Student hearing-impaired or suffering from another disability where the ability to have his/her mouth seen, is essential for communication, such that being required to wear a face covering (other than a face shield) indoors at school would exacerbate the Student's hearing-impairment or other disability?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

3.A. If yes, would this preclude the Student from safely wearing a face shield indoors in school?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Please provide any additional information which, in your professional opinion, is relevant to these issues.

Signature of Health Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_

