



MEDICAL VERIFICATION FOR EXEMPTION

DaVinci Academy has a face covering procedure, aligned with MN Executive Order 20-81, MN School Board Association, and MN Department of Education guidance, that mandates face coverings for all students, staff and visitors. This form must be completed by a physician or licensed prescriber for an exemption to be considered. (An exception may be made by an IEP team or Section 504 coordinator). Once documentation is provided, the district SETUOI[P';O Cwill review it to determine whether the exemption is approved. The medical certification is only one factor in this decision; it is not the sole factor in making an exemption. If an exemption is approved, the student's record will be noted, and they will not be required to wear a face covering or other accommodations will be made (ex. face shield). The exemption may impact the student's ability to participate in some school activities or may change how they participate.

Student name: _____ Grade: _____

Date of Birth: ____/____/____ School: _____

The above-named student is requesting exemption to DaVinci Academy's requirement of face coverings. As a result, DaVinci Academy requires medical verification for the following information.

The Minnesota Chapter of the American Academy of Pediatrics (MNAAP) has come out in strong support of children wearing face coverings with limited exceptions for compliance. MNAAP recommends considering whether the child is capable of physically removing their face covering in the event of an emergency. If yes, they should be wearing a face covering. Children with severe cognitive issues, sensory challenges, significant respiratory impairments (e.g. tracheostomy or on oxygen) or an orthopedic or neurological issue (e.g. cerebral palsy) that cannot remove a mask in an emergency may not be able to wear a mask.

In your medical opinion, it is medically necessary for this student to be exempt from the face covering policy, as required by DaVinci Academy? No Yes

Health condition that makes it necessary for this exemption: _____

Implications for this health condition and why the student is not able to wear a face covering:

Signature of Physician/Licensed Prescriber

Print name of Physician/Licensed Prescriber

Clinic address

Phone / Fax

Date