



THIS FORM HAS BEEN DEVELOPED AND IS RECOMMENDED FOR DISTRICT USE BY THE OTTAWA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Student Name: _____
Date of Birth: _____
School Name: _____

INFORMATION BELOW MUST BE COMPLETED BY YOUR MEDICAL OR OSTEOPATHIC PHYSICIAN:

The above-named individual requires documentation from a medical or osteopathic doctor that they are unable to wear a facial covering during the current school year due to a medical condition. Schools are required to obtain this documentation as they are with any other accommodation*. We appreciate your time and assistance in this matter.

The above-named individual cannot medically tolerate a face covering due to the following medical condition: _____.

I, hereby certify that the medical condition would _____ cause trouble breathing or _____ make the student unable to remove the cloth face covering without assistance or would cause the following deleterious problem: _____.

If unable to medically tolerate a face covering, this student is able to use a face shield:

____ Yes

____ No

____ If not, why not: _____.

Medical or Osteopathic Physician's name and licensure: _____.
Please Print

Physician's Signature: _____

Date: _____

Phone Number: _____

I hereby agree with and authorize any restrictions or limitations described above pertaining to my child or ward.

Parent or Guardian Signature: _____

*This list of acceptable conditions along with the guidance for schools to require this documentation from a medical professional has been provided by the state of Michigan and can be found at https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-535121--,00.html .