

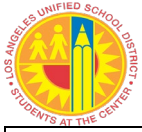


**LOS ANGELES UNIFIED SCHOOL DISTRICT
FACE MASK ACCOMMODATION AND EXEMPTION PROCESS**

**FACE MASK ACCOMMODATION/EXEMPTION REQUEST
(To be completed by Parent/Guardian and Medical Provider)**

In conformance with current health orders and guidance, during and in response to the COVID-19 pandemic, Los Angeles Unified School District (LAUSD) requires students to wear a face mask while attending in-person assessment, services, and/or instruction in a cohort. LAUSD recognizes that some students may be unable to comply with the face mask requirement due to a disability, medical and/or mental health condition(s). If your child may require accommodations or is not able to wear a mask, please complete this form and return it to the school site **PRIOR TO THE FIRST DAY OF ATTENDANCE** or as soon as possible after the need is discovered.

Student Name		Student ID Number		Date of Birth	
School		Grade		Special Education Eligibility (if applicable)	
Student Currently Has: <input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Health Care Plan <input type="checkbox"/> N/A					
Consent for Communication with Health Care Provider – To Be Completed by Parent/Guardian					
I affirm that my student has been diagnosed with a disability, medical and/or mental health condition(s) and requires a face mask accommodation or exemption. I consent to the release and exchange of information between my medical provider(s) and LAUSD officials identified below to discuss this request.					
Parent/Guardian Name				Parent/Guardian Telephone	
Signature of Parent/Guardian				Date	
Name of LAUSD Official(s)				Title of LAUSD Official(s)	
Medical Certification – To Be Completed by Medical Provider					
I certify that this student is under my care and has a disability, medical condition, or other health condition(s) such that a face mask may cause harm, obstruct breathing, or otherwise warrant an exemption because:					
<input type="checkbox"/> Risk of obstructed breathing <input type="checkbox"/> Inability to remove face mask without assistance <input type="checkbox"/> Inability to prevent sucking, drooling, or excessive saliva production on the mask <input type="checkbox"/> Diagnosis of medical/respiratory condition: _____ <input type="checkbox"/> Sensory issues including: _____ <input type="checkbox"/> Other (please state or attach the reasons for requesting a face mask accommodation or exemption): _____					



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Does the student require an aerosolizing procedure while in school? Yes No
If yes, please describe:

Recommendations for Face Mask Accommodation or Exemption – To Be Completed by Medical Provider

Students that are unable to wear a face mask may be accommodated, if feasible, to facilitate safe participation during cohorted in-person activities. Please check any and all accommodations that should be considered for this student:

- Taking Mask Breaks in safe places (e.g. outdoor, with physical distancing of 6ft Minimum on a one-to-one basis)
- Use of transparent face mask
- Support student with face mask placement and removal, as needed
- Support with visual and/or verbal cues
- Other recommendations: _____

*Due to current LACDPH guidance, face shields (with or without drapes) and/or masks with valves or other openings at this time are not acceptable for cohort participation.

Name of Physician	Medical License #:
Address	Telephone Number
Signature	Date

Based upon LACDPH Guidance dated April 2, 2021