



# LAKE-LEHMAN SCHOOL DISTRICT

## CERTIFICATION OF NEED FOR EXCEPTION TO FACE COVERING REQUIREMENT

I hereby state that \_\_\_\_\_ qualifies for an exception to the Order of the Acting Secretary of the Pennsylvania Department of Health Directing Face Coverings in School Entities (“Masking Order”) and I attest that:

1. I understand the Masking Order states that:

a. under Section 2 of the Masking Order, each teacher, child/student, staff, or visitor working, attending, or visiting the school district must wear a face covering indoors, regardless of vaccination status, except if he or she fits within an exception enumerated in the Order;

b. under Section 3 of the Masking Order, in order to qualify for an exception to the requirement to wear a face covering indoors, all alternatives to a face covering, including the use of a face shield, should be exhausted;

c. in accordance with Section 3 of the Masking Order, there exist certain situations in which individuals may seek an exception from the requirement to wear masks, including the following:

i. If wearing a face covering while working would create an unsafe condition in which to operate equipment or execute a task as determined by local, state, or federal regulators or workplace safety guidelines.

ii. 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; or

d. under Section 4 of the Order, school entities must provide reasonable accommodations for individuals who state they have a medical condition, mental health condition, or disability that makes it unreasonable for the person to maintain a face covering.

2. I hereby seek an exception for myself (staff) or for the above-named individual (student) because wearing a face covering, or an alternative to a face covering, would cause or exacerbate a: (select all that apply with a  $\checkmark$ )

\_\_\_\_\_ a. medical condition, including respiratory issues that impede breathing, a mental health condition or a disability

\_\_\_\_\_ b. medical condition or disability documented in a Section 504 plan or an IEP which makes masking unreasonable

3. The above-named individual is entitled to a reasonable accommodation to the Masking Order because it is unreasonable for the individual to maintain a face covering due to a medical condition, mental health condition, disability or other reason identified in paragraph 2 or the individual falls within one of the exceptions in Section 3 of the Masking Order.

4. I am at least 18 years of age and of sound mind, and I hereby confirm that all statements made (either on my behalf or on behalf of a minor over whom I am a parent/guardian) in this certification are true and correct to the best of my knowledge and belief.

As set forth herein, I certify that the above-named individual meets the criteria set forth in the Masking Order for an exception to the face covering requirement because of a medical condition, mental health condition, or disability or other reason identified in the Masking Order. I further certify that should the circumstances change, and the individual no longer requires an exception, I will immediately inform the District.

**SUBMIT COMPLETED EXCEPTION FORMS TO YOUR BUILDING PRINCIPAL**

\_\_\_\_\_  
Printed Name of Individual Seeking Exception

\_\_\_\_\_  
School/Grade/Department

\_\_\_\_\_/\_\_\_\_\_/2021-22  
Signature of Parent/Guardian/Employee

\_\_\_\_\_  
Printed Name of Parent/Guardian/Employee