

**CONSENT FORM TO OPT-OUT FACE MASK REQUIREMENT**

If an employee indicates that compliance with mask use is not possible due to a medical condition or religious beliefs, they may request an exemption in writing.

**\*\*SIGNED FORM MUST BE ON FILE AT THE DISTRICT OFFICE \*\***

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| **Employee Information** |
| First and Last Name: |
| School: | Position: |

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| **Exemption Type** |
|  | **Medical:** I hereby certify I have a medical condition(s) that prevents compliance with the mask requirement. |
|  | **Religious:** I hereby certify the mask requirement conflicts with my religious beliefs. |

Printed Name of Employee Signature of Employee

Date