Logo, icon

Description automatically generated

**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 \*\***

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

|  |  |
| --- | --- |
| **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