

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
CURRICULUM AND INSTRUCTION
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

COVID-19 FACE COVERING CERTIFICATION

Instructions: Complete, sign, and return this form to your child's school or to your supervisor.

From School Board Emergency Policy No. 2020-2

Subject to the exceptions below, all individuals, including students, employees, visitors, and vendors, must wear a face mask that covers both the nose and mouth at all times while at or inside any building, facility, or bus or other vehicle owned, leased, or operated by the School Board.

Medical Certification A face covering shall not be required for persons who present school officials with this certification from a licensed health care provider that the person has a medical, physical or psychological contraindication that prevents the person from being able to safely wear a face covering.

Student/Employee Name (Print) _____
Last First Middle

Student School _____ Grade _____

Employee Worksite _____ Employee ID No.(A#) _____

As the Parent/Guardian of _____, _____
Student Name DOB

I hereby request that my child/I be released from the COVID-19 Face Mask Policy requirement for the 2020-2021 school year due to the reason selected below:

- My child/I cannot wear a mask My child/I cannot wear a face shield

I understand for everyone's safety, exemption from a face covering may result in additional health room visits, strategic social distancing, additional PPE, and or other safety protocols.

Parent/Guardian/Employee Name (Print) Parent/Guardian/Employee Signature Date

FOR LICENSED HEALTH CARE PROVIDER ONLY (physician/psychologist, etc.):

I certify that _____ cannot wear a mask face shield or both
First and Last Name (Print)

due to a medical, physical, or psychological contraindication.

Licensed Health Care Provider Name (Print) Licensed Health Care Provider Signature Date

Distribution: Original – School/Employee File