



September 3, 2021

Student Face Covering Exemption Request

If you are requesting your child to be exempt from wearing a face covering during the school day while indoors, please complete the following form. Please complete one form for each child.

Name of Student: _____

Sending School District: _____

Student Grade Level/ Program at APAVTS: _____

I request my child be exempt from wearing a mask during school hours while indoors due to the following eligible exception via Section 3 of the Order by the Acting Secretary of the Pennsylvania Department of Health directing face coverings in school entities:
(check one of the choices below)

_____ If wearing a face covering 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. ****Students are required to wear a face mask in all situations other than an activity that our Instructor deems unsafe (ex. safety goggles or eye glasses fogging) when wearing a face covering. This option **does not** exempt the student from following the mandate of wearing a face mask outside of an activity that is found to be unsafe.**

_____ If wearing a face covering would cause a medical condition. **(Physician Signature Required)**

_____ If wearing a face covering would exacerbate an existing medical condition, including respiratory issues that impede breathing, a mental health condition, or a disability. **(Physician Signature Required)**

In requesting this exemption for my child, I am recognizing that my child may be at an increased risk of exposure and or contracting COVID-19.

Parent/Guardian Name (Printed): _____

Parent Signature: _____ Date: _____

****Completed Forms should be returned to the main office of the Admiral Peary Area Vocational-Technical School**