

**Indian Prairie School District 204 – Board of Education
COVID-19 Mask Exemption Application**

In extremely limited circumstances, individuals may not be able to medically tolerate the use of a face covering or face mask. This application must be fully completed presented prior to entering the board of education meeting.

Name:	Date:
Signature:	Phone:
Email:	Date of Birth:

To be completed by a physician licensed to practice medicine in all of its branches, a physician’s assistant (PA), or a licensed advanced practice registered nurse (APRN) OR attach physician’s note.

The individual is medically unable to wear a face mask for the following reason(s):
OR The individual is developmentally (physically or intellectually) disabled, such that they are unable to remove a face mask; indicate diagnosis:
The anticipated duration of the medical contraindication/disabling condition that makes wearing a mask medically contraindicated for the individual:

Health Care Provider’s Name (print or type)	
Health Care Provider’s Signature	
Health Care Provider’s Contact Information (phone/email)	
Date	