



**ONSTED COMMUNITY SCHOOLS
BOARD OF EDUCATION**
“Inspire-Challenge-Prepare...Every Person...Every Day”



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Steve Head
Superintendent

Request for Face Mask Medical Exemption Onsted Community Schools

In accordance with the applicable epidemic orders issued by the Michigan Department of Health and Human Services and guidance from the Lenawee County Health Department and United States Centers for Disease Control and Prevention, Onsted Community Schools (“OCS”) is requiring its employees and students to wear a reusable cloth or disposable face mask that covers the individual’s mouth and nose at all times while present at an OCS campus and/or within OCS schools and other buildings subject to the following exceptions:

1. Students/children under the age of 2 are not required to wear a facemask at any time.
2. No individual is required to wear a facemask while engaged in eating a meal.
3. No individual is required to wear a facemask while outside, provided that physical distancing of at least six feet between persons can be maintained at all times.

OCS understands that some individuals may have a medical condition that prevents them from wearing a facemask. In these situations, the individual must have this form completed by the individual’s physician, physician’s assistant, nurse practitioner, or another healthcare provider that is qualified to make such a determination.

Student or Employee Name: _____ Date of Birth: _____

Parent/Guardian Name*: _____

*This only applies to students, not employees.

The above named student or employee has requested a medical exemption to the OCS’s requirement that facemasks be worn. To substantiate such, OCS requires medical verification that the above named student or employee cannot medically tolerate wearing a facemask.

Healthcare Professional Name: _____

Medical Practice/Affiliation: _____

Phone Number: _____

In my professional opinion, the above-named student or employee of OCS cannot medically tolerate wearing a facemask covering his/her mouth and nose for the following medical reasons:

If this individual is unable to wear a facemask, can he/she wear a face shield?

Yes No

Healthcare Provider Signature: _____ Date: _____

If you are an OCS student, please return the completed form to your child’s school. If you are an OCS employee, please return the completed form to your supervisor or the Superintendent’s Office.