



Emery County School District
Face Covering Information & Exemption Request
(Turn into School Office)

School: _____

Name of Student / Employee: _____

By State Public Health Order, all individuals, including employees, students, or visitors, shall wear a face covering while on school property or on a school bus. This face covering requirement is a temporary measure while we wait for a vaccine to be developed.

Exemptions are noted below:

Exemptions requiring additional documentation & parent / guardian signature:

- A. An individual with a medical condition, mental health condition, or disability that prevents wearing a face covering. *If applying for this exemption, you are required to attach a medical directive verifying the need for this exemption.*
- B. An individual who has an Individualized Education Program (IEP) or Section 504 accommodation that would necessitate exempting the individual from wearing a face covering. *This exemption will be documented directly in the IEP or 504 plan.*

Exemptions not requiring additional documentation:

- C. A child who is younger than three years of age.
- D. A child who cannot have a face covering safely on their face.
- E. Maintaining a distance of at least six feet from any other individuals when outdoors.
- F. Maintaining a distance of at least six feet from any other individual when eating or drinking indoors.
- G. An individual who is receiving or providing a service involving the nose or face for which temporary removal of the face covering is necessary (example: speech therapy).
- H. An individual who is deaf or hard of hearing, or communicating with an individual who is deaf or hard of hearing, where the ability to see the mouth is essential for communication, in which case a face shield or alternative protection should be used.
- I. An individual participating in a school sponsored activity or physical education class as long as the individual complies with Appendix C of the Utah Phased Guidelines.

By signing below, I am requesting an exemption under category (A) or (B) above and have attached the required documentation to this form.

Name of Employee or Parent/Guardian: _____

Signature: _____ Date: _____