



## COVID-19 Face Mask/Cloth Face Covering Waiver Request Form

Per the current mandate issued by the Washington State Secretary of Health, the use of face masks or cloth face coverings is required in all Catholic schools within the Archdiocese of Seattle. COVID-19 spreads mainly from person to person through respiratory droplets. Evidence shows that wearing a face covering reduces the risk of spreading the virus to others. Parents/Guardians who wish to request a medical waiver to the mask requirement for their child must obtain the following documentation from their healthcare practitioner outlining the physical or intellectual condition that prohibits the child from safely wearing a face covering. All waiver requests will be reviewed and either approved or denied by an Archdiocesan Health Officer.

### Child/Student

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Health Care Practitioner Declaration

I declare that use of face mask or a cloth face covering is not advisable for this child. I have discussed the benefits and risks of face masks/cloth face coverings with the parent/guardian as a condition for requesting this waiver. I have either identified an alternative droplet retention method or no alternative method/exclusion.

1. Medical Condition (Required)

\_\_\_\_\_  
Additional Details:  
\_\_\_\_\_  
\_\_\_\_\_

2. Alternative Droplet Retention Method (Required):

\_\_\_\_\_  
OR  No Alternative. Recommend Exclusion.

I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State and the information on this form is complete and accurate.

\_\_\_\_\_  
Licensed Health Care Practitioner Name (print)

\_\_\_\_\_  
Licensed Health Care Practitioner Signature

\_\_\_\_\_  
Date

MD  ND  DO  ARNP  PA

Washington License # \_\_\_\_\_

Cell phone where Health Officer may reach you: \_\_\_\_\_

### Health Officer Review

I have reviewed the request and the recommended alternative.  Approve Waiver  Deny Waiver

Additional Detail: \_\_\_\_\_

\_\_\_\_\_  
Health Officer Name (print)

\_\_\_\_\_  
Health Officer Signature

\_\_\_\_\_  
Date Washington License #