

## Office of Employee Relations

130 Trinity Avenue SW Atlanta, Georgia 30303

### **Request for Face Mask Exemption**

Atlanta Public Schools (APS) requires that all faculty and staff follow our Universal Mask Wearing protocol in all schools and buildings.

Masks should:

- Be worn by staff and students at all times and during all classes, only removing when eating or drinking, when outside for recess, and during other physical activities when physical distancing can be achieved.
- Fit snugly but comfortably against the side of the face and be secured with ties or ear loops.
- Allow for breathing without restrictions while covering both mouth and nose.

While APS remains committed to ensuring healthy and safe learning environments for the 2021-2022 school year, we understand that there may be specific situations that prevent employees from wearing a mask. A medical exemption may be granted if (1) a licensed physician completes and signs this form and (2) provides the required documentation to support the exemption request. APS is committed to providing a safe, inclusive, and supportive experience for ALL employees and recognizes sincere observance as it pertains to the practice of wearing a mask, surveillance testing, and vaccination.

While APS will carefully review all requests for mask exemptions, approval is not guaranteed. After your request has been reviewed and processed, you will be notified if an exemption has been granted or denied. Individuals whose requests have been denied are permitted to reapply if new documentation and information should become available. In our efforts to mitigate the impact of COVID-19, APS will continue to require COVID-19 surveillance testing twice per week.

Name:Last		First		MI
Phone:		Email Address:		
Mailing Address:				
Walling Address:	Street	City	State	Zip Code

School/Department:

Employee ID#:\_\_\_\_\_ Job Title:

Mask exemption process:

- ➤ Read the CDC COVID-19 Face Mask Information;
- ➢ Complete and sign page (2) of this form;
- > Have your Licensed Health Care Provider complete the provider section of this form and;
- Submit the completed documents.

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Please initial below:

	I request exemption from wearing a mask/face covering due to my current <b>medical condition</b> . I understand and assume the risks of not wearing a mask and I accept full responsibility for my health, thus removing liability from Atlanta Public Schools to
	the required face wearing protocol.
	I understand that I may be temporarily excluded or reassigned from APS facilities
	and approved activities. I agree to comply with these restrictions and accept
	responsibility for communicating with my supervisor and/or Office of Employee
	Relations/Absence Management as appropriate to allow compliance with health and
	safety requirements.
	Should I contract COVID-19, I will immediately report it to my supervisor and
	complete this self-report form for data tracking purposes:
	http://tinyAPS.com/?CovidStaffForm. I will not report to work in person until I have
	completed the required quarantine procedures based on Public Health guidance.
	I acknowledge that I have read the <u>CDC COVID-19 Face Mask Information</u> .
	I understand and agree to comply with and abide by all APS COVID-19 policies and procedures.
	I understand that, if approved, this exemption is provisionally based on the current
	APS COVID-19 regulation and is subject to change based on the requirements
	moving forward.
	I certify that the information I have provided in connection with this request is
	accurate and complete as of the date of submission. I understand this exemption may
	be revoked and I may be subject to APS disciplinary action if any of the information
	I provided in support of this exemption is false.
L	

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Health Care Provider Use Only:

APS requires that all faculty and staff follow our Universal Mask Wearing protocol in all schools and buildings. \_\_\_\_\_\_\_\_\_ (insert patient's name) is requesting a medical exemption from this requirement. A medical exemption may be allowed for certain recognized contraindications. Please certify below the medical reason that your patient should not be required to wear a mask or face covering by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed in consideration of the exemption request.

# Please certify below the medical reason that your patient should not be required to wear a mask or face covering by completing this form and attaching available supporting documentation.

- □ Allergy
- D Physical Condition/Medical Circumstance
- **Other**

Please Explain:

This exemption should be:

- Temporary, expiring on: \_\_\_\_\_\_.
- Permanent

### Certification

I certify that \_\_\_\_\_\_ (patient's name) has the above contraindication and support the request for a medical exemption from APS our Universal Mask Wearing protocol

#### **Provider Information**

Medical Provider Name:		
Medical Provider Specialty:		
Signature:		
Provider License Number:	Date:	
Name of Provider Company:		
Address:		
Email:		
Patient Information		
Patient Name:		
Date:		
Work Email:		
Phone number:		

Please return the completed Employee Accommodation Request Form to the Office of Employee Relations, ATTN: TONI SELLERS-PITTS/ABSENCE MANAGEMENT, using one of the following methods.

Hand Delivery: Atlanta Public Schools, Attn: Office of Employee Relations – Toni Sellers-Pitts, 130 Trinity Avenue, SW, Atlanta, Georgia 30303 Fax: (404) 802-1302 Mail: Atlanta Public Schools, Attn: Office of Employee Relations – Toni Sellers-Pitts, 130 Trinity Avenue, SW, Atlanta, Georgia 30303 Email: Covid19Exempt@atlanta.k12.ga.us