

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 medical condition . 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 <u>immediately</u> 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 CDC COVID-19 Face Mask Information .
	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.

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
- 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: _____ Phone number: _____

Patient Information

Patient Name: _____

Date: _____ Employee ID: _____

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