

# Farmingdale Request for Mask Accommodations Due to Medical Condition

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**\*\*\*The NJDOH has mandated that all students wear masks in school, unless doing so would inhibit the student's health. If it is believed that wearing a mask during the COVID-19 pandemic would inhibit this student's health, the student's parents and student's physician should complete this form. The completed form should be submitted to the student's School Nurse. The district physician will review this form for approval due to medical necessity.**

This student has been diagnosed with the following medical condition:

\_\_\_\_\_

Wearing a mask during the COVID-19 pandemic would inhibit this student's health for the following medical reasons:

\_\_\_\_\_

The following accommodations, regarding the wearing of a mask in school, are being requested for this student:

\_\_\_\_\_

\_\_\_\_\_  
*Parent Name - Please Print*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student's Physician - Print*

\_\_\_\_\_  
*Student's Physician - Signature*

\_\_\_\_\_  
*Student's Physician Stamp*

\*\*\*\*\*

Farmingdale School Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

Request for mask accommodations due to health concerns approved.

Request for mask accommodations due to health concerns not approved for the following reasons: