



**READY TO ACHIEVE**  
2021 - 2022

**FACE  
COVERING**

LPPS Student

LPPS Employee

**NOTIFICATION OF FACE COVERING EXEMPTION**

This letter is to advise school officials that due to medical contraindications \_\_\_\_\_ is exempt from wearing a face covering.

(Please Print)

Signature: \_\_\_\_\_  
(Parent if student)

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

By signing this form and not wearing a proper face covering, I acknowledge that I am at an increased risk of contracting COVID-19.

Physician/Provider Name (Print): \_\_\_\_\_

Physician/Provider Contact Number: \_\_\_\_\_

**I have examined the individual named above and determined that due to severe medical issues the individual is unable to fully function while wearing a face covering. Based on my medical examination and my medical experience, I request that the named individual be exempt from the Governor's mask mandate.**

Physician/Provider Signature: \_\_\_\_\_

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