



Student Mask Opt-Out Medical Exemption Form

This form must be completed and signed by a licensed Florida medical doctor, a licensed osteopathic physician or a licensed advanced registered nurse practitioner.

Pursuant to the authority of the School Board under Article IX, Section 4, of the Florida Constitution, as well as sections 1001.32, 1001.41, 1001.42 and 1001.43, Florida Statutes, the School Board of Alachua County’s current masking protocol is as follows:

Effective immediately all persons (students, staff, contractors, vendors and visitors) must wear appropriate face coverings that cover both the mouth and nose when on School Board property, at a School Board activity, or riding a bus or in other approved transportation.

To request that a student opt out of the masking protocol, please complete the following and submit to your school:

Student Name: _____ School: _____

Underlying medical condition/diagnosis: _____

- Student under my care can wear a mask cannot wear a mask
- Student under my care can wear a face shield cannot wear a face shield

Instead of mask or face shield, student may wear: _____

Could the student gradually learn to wear mask/face shield? Yes No

Amount of time the student could try to tolerate the wearing of the mask/face shield: _____

Comments: _____

*Printed Name of Qualified Provider ** *Signature* *Date*

Phone Number *License No.*

Practice Address *City/State/Zip*

Email Address

** Licensed Florida medical doctor, a licensed osteopathic physician or a licensed advanced registered nurse practitioner.*