CERTIFICATION OF EXEMPTION FROM MASK REQUIREMENTS

The State of Iowa declared a public health emergency on March 17, 2020, in connection with the COVID-19 pandemic. School and school activities for students were temporarily suspended.

At this time, pursuant to subsequent state directives, school and school activities have resumed. The West Burlington Community School District ("District") is taking reasonable measures to prevent the spread of COVID-19 infection in accordance with applicable state and/or federal guidance, including requiring the use of a cloth face covering or mask ("Mask") in settings specified by the District ("Mask Requirement").

By signing this Certification of Exemption, you represent and attest that you or your child is eligible for exemption from the District's Mask Requirement as set forth below:

_____ (Name) _____ (Date of Birth)

_____ qualifies because, in the opinion of an Iowa licensed physician (MD or DO), nurse practitioner, or physician assistant, such requirements are medically contraindicated as Masks would be injurious to the health and well-being of the person. **If you have medical documentation in support of your request for exemption, please attach it to this form before submitting.** If no documentation is attached upon submission, the District reserves the right to ask for additional medical documentation to verify the person's health condition and its impact on the Mask Requirement as well as to assess possible modifications to such requirements or other accommodations.

_____ qualifies because such requirements conflict with a genuine and sincere religious belief held by the person, which is in fact religious and not based merely on philosophical, scientific, moral, personal, or medical opposition to Masks. Please provide information of the religion, the conflicting belief and contact information of the local or regional leader.

By signing this Certification of Exemption from the District's Mask Requirement, you further acknowledge and understand that failure to use Masks may increase the risk to yourself or your child, or others, of contracting, carrying, and spreading COVID-19 infection. Alternatives to Masks may be implemented as a reasonable accommodation, if appropriate. **A person granted a medical or religious exemption may be excluded from in-person school and school activities during a COVID-19 infection outbreak.**

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

_____ _____ _____
Parent/Guardian Signature Print Name Date

Sworn and subscribed to before me, a Notary Public in and for the State of Iowa, this _____ day of _____, 20_____.

_____
Notary Public

For medical exemption:

_____ _____ _____
MD/DO/NP/PA Signature Print Name and License No. Date

(If medical exemption will end at a future date, please state date of expiration: _____)