**Medically Vulnerable – Physician Form**

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**PART ONE: SCHOOL REQUIREMENT**

In accordance with Governor Whitmer’s Executive Order **2020-142**, all schools must prepare to meet several expectations set forth by the Return to School Roadmap. The following statements are included while the district is in the **Phase 4**:

* Facial coverings must be worn by preK-12 students, staff, and bus drivers during school transportation. Any staff or student who has been certified by a physician as unable to medically tolerate a facial covering need not wear one. Any student that is incapacitated or unable to remove the facial covering without assistance, need not wear one.
* Subject to the exceptions noted above, facial coverings must always be worn in hallways and common areas by preK-12 students in the building except for during meals.
* Subject to the exceptions noted above, facial coverings must be worn in classrooms by all students grades 5-12.

In order to be exempt from the requirement to wear a facial covering, the following information must be ascertained and received by the school district.

**PART TWO: PARENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name:** |  | **Date of Birth:** |  |
| **Attending Building:** |  | **Grade:** |  |
| **Parent Signature:** |  | **Printed Parent Name:** |  |

**PART THREE: PHYSICIAN INFORMATION**

I certify that the child named above:

\_\_\_ cannot medically tolerate a facial covering.

\_\_\_ is unable to remove the facial covering without assistance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Physician Name