ICCSD Face Mask Exemption Form

All students attending classes on campus in the Iowa City Community School District are required to wear a face mask. Face Shields worn IN ADDITION TO a face mask are allowed at all times without special permission. Face shields MIGHT be allowed INSTEAD of a mask in the following cases with a note from a licensed MD, DO, MBBS, ARNP, PA. Further documentation may be requested by the school nurse.

Based on the medical reasons checked below, I am recommending the student wear a face shield rather than a face mask while in an ICCSD school (Check the appropriate box(es)):

- Developmental or physical disability so student is not able to remove the mask in case of emergency
- Severe dermatitis with mask wearing
- Neuromuscular disorder affecting breathing (example: Muscular Dystrophy, Spinal Muscular Atrophy, Myasthenia Gravis)
- Severe anxiety, PTSD or claustrophobia exacerbated by mask (may require documentation from licensed mental health professional)
- Severe lung or heart condition with increased work of breathing
- Student uses supplemental oxygen, ventilator, tracheostomy or requires frequent suctioning
- Significant behavior disorder
- Significant developmental disorder (example: Speech problems, Autism Spectrum, Trisomy 21)
- Facial deformity incompatible with masking

Is there any reason this student cannot wear a face shield? If “yes” please attach a letter of explanation on your letterhead, including your contact information so a nurse can follow up with you.

- Yes
- No

Student Name: ........................................................................................................................................

Provider Signature: .................................................................................................................................

Provider Printed Name: ............................................................................................................................

Provider Phone number: ...........................................................................................................................

Provider Address: .....................................................................................................................................

ICCSD does not allow religious or philosophical exemption to wearing a face covering.