**FACE MASK EXEMPTION GUIDELINES**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Recommendations for Medical Exemptions from the CDC, 2020:

* Young children under age 2
* Anyone who has trouble breathing (e.g., presents risk of serious adverse effect due to underlying condition such as an acute exacerbation of COPD or Asthma)\*
* Anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance

*The above list is not all-inclusive, and other medical conditions may also prevent a patient from wearing a mask.*

Further Considerations:

* Mental health conditions: severe anxiety, PTSD or claustrophobia
* Autism (e.g., sensitive to touch and texture)
* Cognitive impairment
* Craniofacial deformity which prohibits mask fit
* Dermatologic condition: severe dermatitis related to mask wearing
* Consider other medical situations described by the patient on a case-by-case basis

*\*According to the American Lung Association (2020), many individuals with underlying chronic lung disease should be able to wear a non-N95 facial covering without affecting their oxygen or carbon dioxide levels.*

* The above-named individual **CANNOT** medically tolerate a face covering due to one of the medical condition listed above.
* The above-named individual does not have a medical condition that prevents them from wearing a face covering. This individual **CAN** wear a face covering.
* Additional comment: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Healthcare provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_