



# San Benito County Office of Education

Krystal Lomanto, County Superintendent of Schools

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460 Fifth Street | Hollister, California 95023 | 831. 637.5393 | FAX 831. 637.0140

## Face Covering Exemption Procedure

It is the procedure of San Benito County Office of Education (hereafter referred to as SBCOE), that all guests, invitees, employees and students are expected to wear a face mask or face shield, hereinafter referred to as a face covering; unless an exemption has been granted. This procedure has been put in place as a result of the COVID-19 public health emergency, as well as the orders of the governor of the State of California, the California Department of Public Health and San Benito County Public Health Department.

The procedure requires face coverings, as defined above, to be worn in all public spaces at all times, including, but not limited to: hallways, open cubicles, entry ways, lobbies, and any areas within the SBCOE facilities, with the exception of enclosed offices.

It is possible for an affected individual to be granted an exemption, or allowance to not wear a face covering if one of the following circumstances exist:

1. The individual has a medical condition that does not allow him/her to put on, take off, or safely wear a face covering.
2. The individual is under that age of two.

Even if one of the above apply, all individuals on SBCOE's facilities should attempt to use a face covering and extensively research a wide variety of face coverings, including face shields, if at all possible, and/or utilize close friends and/or family members to assist them with putting on and taking off a face covering.

If one of the above conditions apply, and no other alternatives exist, the affected individual may complete a Face Covering Exemption Form and submit the completed form to the Director of Human Resources. In addition to fully completing the document, the individual must attach medical documentation including the completed Physician Certification Form that specifically lists and verifies that the affected individual cannot put on, take off, or wear a face covering.

Director of Human Resources  
Leanna Morgan  
460 Fifth Street  
Hollister, CA 95023  
831-637-5393, ext. 106

The written permission from SBCOE granting an exemption of the face covering policy shall be maintained by the affected individual, and should be with them at all times, and be able to be produced on request. Additionally, it shall be the responsibility of the affected individual to communicate with any appropriate SBCOE Personnel to inform them of this exemption, including but not limited to their instructors and/or supervisors. SBCOE Human Resources shall keep all applications, materials, and agreements, secured at all times.

All requests for a face covering exemption will be confidential. Any record of, or discussions related to, the request will be treated consistent with state and federal student confidentiality laws.

This procedure is effective as of October 30, 2020, and will continue unless and until it is revoked by SBCOE, the revocation of such will be communicated in the same manner in which this procedure was communicated.

Please note the following:

### **Non-Compliance with Face Covering Requirement**

Current California Department of Public Health guidance requires that “Schools must exclude students from campus if they are not exempt from wearing a face covering under CDPH guidelines and refuse to wear one provided by the school.” Any student who refuses to wear a mask and does not have an approved mask exemption will be placed in a 100% distance learning or independent study model until CDPH changes the mask requirement or the student agrees to wear a mask as required. This guidance can be found at <https://files.covid19.ca.gov/pdf/guidance-schools.pdf>.

A student’s refusal to wear an appropriate face covering will be placed on Distance Learning. A student who has previously refused to wear a face covering may return to in-person instruction upon agreeing to wear a face covering.

#### **References:**

CDC: Guidance for K-12 School Administrators on the Use of Cloth Face Coverings in Schools

CDPH: COVID-19 Industry Guidance: Schools and School-Based Programs

CDPH: Guidance for the Use of Face Coverings

Santa Clara County Public Health: COVID-19 Prepared, Reopening of Santa Clara County K-12 Schools for the 2020-2021 School Year



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## Physician Certification Form

In compliance with state and local orders and to ensure the health and safety of our students and staff, San Benito County Office of Education requires students and staff to wear face coverings while in attendance in-person at school or the workplace to the extent required by applicable state and local laws, regulations, ordinances, emergency orders, or SBCOE policy.

Students and staff for whom wearing a face covering is dangerous to their health and safety may be eligible for an exemption or accommodation of this requirement. A list of reasons for exemption or accommodation can be found in [CDPH: COVID-19 Industry Guidance: Schools and School-Based Program](#) and [CDPH: Guidance for the Use of Face Coverings](#).

To seek an exemption or accommodation from the applicable face covering requirements, this form must be completed by a California-licensed medical doctor or Doctor of Osteopathic Medicine (MD/DO) and submitted to Leanna Morgan, Director of Human Resources. All students and staff will be required to wear a face covering unless their request for exemption or accommodation has been approved prior to the first day of a student's physical attendance.

**PLEASE RETURN COMPLETED FORMS TO: Leanna Morgan, Director of Human Resources, 460 5<sup>th</sup> St, Hollister, CA 95023, 831-637-5393 x106**

STUDENT INFORMATION	
Student Name	Student ID Number
Student Birth Date	School
Student Currently Has:	
<input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Health Care Plan <input type="checkbox"/> N/A	

PARENT/GUARDIAN AUTHORIZATION	
I authorize the medical professional identified in this form to respond to questions regarding the nature of my child's medical, physical, or psychological condition and how such a condition necessitates an exemption or accommodation of the school's face covering requirement. I understand that any record of, or discussions related to, this exemption or accommodation application will be treated consistent with state and federal student confidentiality laws.	
Parent/Guardian Name	Parent/Guardian Signature
Parent/Guardian Contact Information	Date

## PHYSICIAN CERTIFICATION

I am a medical doctor or Doctor of Osteopathic Medicine that is licensed to practice in California. I affirm that \_\_\_\_\_ (*First & Last Name*) is has been diagnosed with a medical, physical, or psychological condition that makes wearing a face covering dangerous for the following reason:

- ☐ The individual has trouble breathing and is unable to remove a face covering without assistance.
- ☐ The individual has special need and is unable to tolerate a face covering, as defined by California Department of Public Health *Guidance for the Use of Face Coverings*.
- ☐ The individual has a medical condition, mental health condition, or disability, for whom wearing a face covering could obstruct breathing.
- ☐ The individual is hearing impaired or relies on lipreading or sign language to communicate.

**Due to the above medical, physical, or psychological condition, I believe that it is medically necessary that the individual be given the following exemption or accommodation (*only mark one*):**

- ☐ Be required to wear a face shield that completely covers and wraps around the face, extends below the chin, and includes a cloth covering extending from the bottom edge of the shield tucked into the shirt collar.
- ☐ Be required to wear a face covering with the understanding that it should be removed if respiratory distress occurs.
- ☐ Be required to wear a face covering with scheduled breaks during which the individual may briefly remove their mask.
- ☐ Be required to wear an alternative face covering. *Please describe the alternative face covering:*  
\_\_\_\_\_
- ☐ Other. *Please describe the recommended exemption or accommodation:*  
\_\_\_\_\_
- ☐ Not be required to wear a face covering or any alternative.

**My recommendation for an exemption or accommodation is for the following time period.**

- ☐ From today's date until \_\_\_\_/\_\_\_\_/\_\_\_\_.
- ☐ For the duration of the school year.

Name of Physician

Medical License Number

Signature of Physician

Date



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## Face Covering Exemption Form

I, \_\_\_\_\_ (First and Last Name) hereby request to be given an exemption, as it relates to the campus face covering procedure.

**Reason for exemption request:**

I understand that in addition to the information listed above, I must attach the completed Physician Certification Form. In addition I may supplement my request with documentation, including, but not limited to, doctor narratives and doctor opinions as to why I cannot put on, take off, or wear a face covering, and any additional documentation that will be helpful in making this decision, etc. I understand that it is my responsibility to provide the documentation in support of my request. I understand that documentation indicating a general medical condition, that does not address face covering usage, will likely result in the denial of this request.

\_\_\_\_\_ (Initial)

I also understand that the decision as to whether to grant an exemption to the face covering procedure is the sole discretion of the San Benito County Office of Education. I further understand that the decision as to whether to grant an exemption to the face covering procedure will be approved will be dependent on all of the individual circumstances of the applicant, including the needs of the position, the specific documentation provided, and the needs of the SBCOE.

\_\_\_\_\_ (Initial)

By signing, I affirm that all information on this form is correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature *(if applicable)*

\_\_\_\_\_  
Date

**Note: Submit the completed Face Covering Exemption Form along with documentation to the Director of Human Resources at the SBCOE central office.**