This form is used to substantiate to Fowlerville Community Schools that you have a medical condition that prohibits you from wearing a facial covering while at work. This form requires information to be completed by the Employee and the Employee Primary Health Provider and may require follow up with your physician or further inquiry into the basis or extent of potential accommodations.

Please complete the form in its entirety.

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION I EMPLOYEE INFORMATION** | | | |
| **Name:** Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. | |
| **Mailing Address:** Click or tap here to enter text. | | **City/Zip:** Click or tap here to enter text. | |
| **Department/District:** Click or tap here to enter text. | | |  |
| **SECTION II EXEMPTION REQUESTED – Completed by Employee** | | | |
| **Face Mask  Face Shield  Both** | | | |
| **SECTION III MEDICAL SUBSTANTIATION – Completed by Primary Care Provider** | | | |
| **Name of Primary Care Physician:** Click or tap here to enter text.  **Practice:** Click or tap here to enter text.  **Address:** Click or tap here to enter text.  **Phone Number:** Click or tap here to enter text.  **Fax Number:** Click or tap here to enter text.  **□ Medical substantiation attached. Must include the medical condition that results in the request for the exemption.** | | | |
| **SECTION IV AGENCY / PHYSICIAN RESPONSE** | | | |
| **Clarification Notes for ADA Follow Up:** Click or tap here to enter text. | | | |
| **SECTION V EMPLOYEE AUTHORIZATION – Completed by Employee** | | | |
| **I certify that the medical substantiation provided is a true copy of a directive issued by my primary care provider.**  **Signature:** Click or tap here to enter text. **Printed Name:** Click or tap here to enter text. | | | |

# Form Instructions

## Employee should complete Sections I, II and V.

Employee will need to have their Primary Care Physician complete Section III.

Once these sections are completed, the form should be remitted to Cris Stock in Human Resources. Human resources will then process information and reach out if additional information is necessary.