

## **Student Face Covering Medical Exemption Request**

Pursuant to Executive Order 2020-142 (or any successor order) and consistent with guidance from the United States for Disease Control and Prevention, the Davison Community School District requires that facial coverings must be worn by students according to the Davison Community Schools COVID-19 Return to Learn Plan. Facial coverings may be homemade or disposable level-one (basic) grade surgical masks. Any student who cannot medically tolerate, per doctor's orders, may be provided an accommodation.

If you have a specific medical condition for which your health care provider is advising you not to wear a mask, please reach out to the Executive Director to begin an interactive process to determine if an accommodation is necessary. This process is a discussion about a student's disability and the limitations that may affect their ability to wear a facial covering/mask. Davison Community Schools COVID-19 Return to Learn Plan and what reasonable accommodations may be put in place. Steps that will be taken through the interactive process are detailed in the following pages.

## **CONFIDENTIAL: Guide to the Interactive Process**

To be completed by the Executive Directors of Student Services in coordination with the student's building principal.

### **Step 1 – Gather Relevant Information**

The administrator should obtain:

- Parent's written request for accommodation(s) for their child
- Certification and other relevant information from physician/health care provider, if necessary. Medical information will be kept confidential.

### **Step 2 – Explain how the Physical or Mental Impairment Substantially Limits One or More Major Life Activities**

Describe the impairment:

Describe the major life activity/ies affected:

### **Step 3 – Identify student's schedule in consultation with building principal.**

### **Step 4 – Discuss with Parent and Student (when age appropriate)**

Document interactive discussions with parent, including dates, name of persons present, and content of discussion.

*Date*

*Description of Meeting*

_____	_____
_____	_____
_____	_____

**Step 5 – Requested Accommodation(s)**

List all accommodation(s) identified in the interactive discussions.

**Step 6 – Evaluate Proposed Accommodation(s)**

Analyze the pros, cons, and reasonableness of the identified accommodation(s)

**Step 7 – Accommodation(s) Offered**

Specific accommodations to be provided, including dates accommodation will begin or end:

Reasons for denial of any accommodation requested by the employee:

**Step 8 – Evaluate Accommodation(s) Provided**

Conduct periodic checks with the student to ensure that the accommodation is effective. If not, re-engage in the interactive process. Document these discussions, noting the dates of the meeting, the content of the discussion, and next steps.

*Date*

*Description of Meeting*

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**Maintain this document in the student's CA-60**