

## AUTHORIZATION FOR AN EXEMPTION TO MANDATORY MASK REQUIREMENT

- The CDC states, "Most people with underlying medical conditions can and should wear masks. If you have respiratory conditions and are concerned about wearing a mask safely, discuss with your healthcare provider the benefits and potential risks of wearing a mask. If you have [asthma](#), you can wear a mask. Discuss with your healthcare provider if you have any concerns about wearing a mask."
- To be exempt from the mandatory mask requirement the student-athlete (SA) must have a diagnosed and/or documented pre-existing medical condition that prevents the SA from wearing a mask. Diagnosis should be listed on the Preparticipation Examination (PPE) or if diagnosed subsequent to the PPE documented by one of the following Licensed Health Care Providers (LHCP): Licensed Physician (MD/DO), Licensed Physician Assistant, Licensed Nurse Practitioner.
- A Licensed Athletic Trainer cannot overrule any decision of the examining and/or treating LHCP in regards to this exemption without first consulting the examining and/or treating LHCP.
- The SA who cannot tolerate a mask must have a written action plan for said condition.
- The SA who cannot tolerate a mask must be actively compliant with said action plan. Compliance may include timed use of medication (e.g. asthma inhaler) and/or having appropriate medicine or equipment readily available for use.
- The SA who cannot tolerate a mask should comply with mask mandate when off the playing area.
- Note: Form is required and must be on file at the school but does NOT require LEA approval.

☐ Student-Athlete\*

☐ Coach

☐ Support Staff

☐ Game Official

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Name: \_\_\_\_\_

School: \_\_\_\_\_

Qualifying medical condition(s) that prohibit individual from wearing a mask: \_\_\_\_\_

Sport(s): \_\_\_\_\_

\* Classification: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Uniform Number: \_\_\_\_\_

I am certifying that the above named individual has a medical condition which prevents them from participating in an exertional aerobic activity while wearing a mask. This exemption is to be used for the sole purpose of protecting the individual from exacerbating a diagnosed and/or documented pre-existing medical condition and is, under no circumstance, to be used to gain an unfair advantage over an opponent.

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

Licensed Physician (MD/DO), Licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Athletic Trainer (LAT) (Please Circle)

(NOTE: It is recommended that the LAT consult with the MD/DO who signed your Protocol prior to you signing this waiver.)

Office Address: \_\_\_\_\_

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

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\*Parent/Legal Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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