



**FRANKLIN COUNTY PUBLIC SCHOOLS
EMPLOYEE MASK EXEMPTION PHYSICIAN AUTHORIZATION FORM**

(Please return completed form to your supervisor or school principal)

Franklin County Public Schools (FCPS) uses layered prevention measures to create the healthiest possible environment for teaching and learning. One of the most effective strategies is the use of face masks to reduce exposure to germs and potential illness. Therefore, all staff, students and visitors must wear a mask on school buses and while inside schools regardless of their vaccination status. Employee masks may be removed temporarily when eating, drinking, or outdoors. Exemptions from mask use will be made for medical necessity and will require the signature of a licensed medical provider.

Employee's Name (first last):	Employee's ID#:
School Name or Site Location	

The employee named above is unable to wear a face covering (mask) on the school bus and inside school buildings and offices during the COVID-19 pandemic for the following reason:

To Be Completed by Licensed Medical Provider

List the medical reason an exemption or face shield is warranted _____

Can a face shield be worn instead of a mask?

☐ No

☐ Yes

Is a medical exemption required? (No mask OR face shield)

☐ No

☐ Yes

If yes, what alternative mitigation strategy is suggested? _____

By signing this form, I am indicating that the above information is true and accurate based on my assessment/treatment of the employee named above.

Licensed Medical Provider Printed Name _____

Licensed Medical Provider Signature _____

Office Name/Address: _____ Date: _____

By my signature, I authorize the release and exchange of this medical information by the licensed medical provider listed to school division personnel.

Employee Printed Name _____

Employee Signature _____ Date: _____