



## COVID-19 Face Mask/Cloth Face Covering Waiver Request Form

As a result of the COVID-19 pandemic, the use of face masks or cloth face coverings is required in all Yakima County school districts. Those who are at high risk for severe COVID-19 infection are encouraged to stay home as much as possible and avoid congregate settings per Governor Inslee's Safe Start Plan. School employees and/or students who are present in schools may request a waiver to the mask requirement from their healthcare practitioner. All waiver requests will be reviewed and either approved or denied by the Yakima Health District Health Officer.

### Requestor

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Health Care Practitioner Declaration

I declare that use of face mask or a cloth face covering is not advisable for this requestor. I have discussed the benefits and risks of face masks/cloth face coverings with the requestor (or parent/guardian) as a condition for requesting this waiver. I have either identified an alternative droplet retention method or no alternative method/exclusion.

1. Medical Diagnosis (Required) \_\_\_\_\_

Additional Details: \_\_\_\_\_

2. Alternative Droplet Retention Method (Required): \_\_\_\_\_

OR  No Alternative. Recommend Exclusion.

I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State and the information on this form is complete and accurate.

\_\_\_\_\_  
Licensed Health Care Practitioner Name (print)

\_\_\_\_\_  
Licensed Health Care Practitioner Signature

\_\_\_\_\_  
Date

MD  ND  DO  ARNP  PA

Washington License # \_\_\_\_\_

Cell phone where Health Officer may reach you: \_\_\_\_\_

### Health Officer Review

I have reviewed the request and the recommended alternative.

Approve Waiver

Deny Waiver

Additional Detail: \_\_\_\_\_

\_\_\_\_\_  
Health Officer Name (print)

\_\_\_\_\_  
Health Officer Signature

\_\_\_\_\_  
Date

Washington License # \_\_\_\_\_