

# Muncy School District

District Office  
206 Sherman St.  
Muncy, PA 17756  
(570) 564-3125  
(570) 546-6676 Fax

## K- 12 EMPLOYEE MASK MEDICAL LIMITATION/EXEMPTION

All employees who are medically, cognitively, and emotionally able must wear face coverings to ride on a district bus/vehicle, attend school on site and participate in before and after school programs and activities. Employees are allowed limitations or exemptions to this requirement only when wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability.

**EMPLOYEE:** \_\_\_\_\_

**BUILDING/GRADE:** \_\_\_\_\_

### LIMITATION

I have determined the above-named I am **able** to wear:

\_\_\_\_\_ Face mask only: \_\_\_\_\_ On the bus/van \_\_\_\_\_ All day \_\_\_\_\_ Part of the day (# hours \_\_\_\_\_ )

\_\_\_\_\_ Face shield only: \_\_\_\_\_ On the bus/van \_\_\_\_\_ All day \_\_\_\_\_ Part of the day (# hours \_\_\_\_\_ )

\_\_\_\_\_ N/A

Comments:

\_\_\_\_\_  
\_\_\_\_\_

### EXEMPTION

\_\_\_\_\_ I have determined I am unable to wear a face mask or a face shield for the entire school day, including on a district bus/van, as wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability.

I am at least 18 years of age and of sound mind, and I hereby confirm that all the statements made in this K- 12 EMPLOYEE MASK MEDICAL LIMITATION/EXEMPTION are true and correct to the best of my knowledge, information, and belief.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Principal  
School Nurse

PLEASE RETURN THE COMPLETED FORM TO THE APPROPRIATE SCHOOL

BOARD APPROVED 9/13/21