



Fairbanks North Star Borough School District

STUDENT MASK EXEMPTION/MODIFICATION FORM

EFFECTIVE DATE:		End Date:
STUDENT'S NAME:	Grade:	Date of Birth:
HEALTHCARE PROVIDER INFORMATION		
Name/ Clinic:		
SCHOOL:	Phone #:	Fax #:

The Fairbanks North Star Borough School District requires all students and staff to wear masks while in district facilities. If you are concerned that your child should be exempt from mask wearing or needs a developmentally appropriate modification in order to wear a mask, due to a medical condition, please contact your healthcare provider for an evaluation. If your child's healthcare provider determines a medical exemption or modification is necessary, please have your provider complete this form.

Diagnosis/concern requiring a mask exemption/modification:

Describe the relationship between the diagnosis or condition and the need for an exemption/modification:

Please check one of the following boxes:

- Based on diagnosis, please maximize mask wearing as reasonably possible
- Based on diagnosis, mask wearing is not recommended as it is potentially not safe for this individual

Describe measures that may assist the student with mask wearing:

Medical Provider with Prescriptive Authority in Alaska	Phone Number
Medical Provider Signature and Credentials	Date

Parent Name	Phone Number
Parent Signature	Date