

Student's Name: _____ Parish Name: _____

**CATHOLIC DIOCESE OF ARLINGTON FAITH FORMATION
REQUEST FOR MEDICAL ADAPTATION, ALTERNATIVE
OR ACCOMMODATION TO MASK MANDATE FOR STUDENTS**

The August 12, 2021, Order of Public Health Emergency requiring the wearing of masks indoors in all Virginia K-12 schools, issued by the State Health Commissioner pursuant to Va. Code §§ 32.1-13 and 32.1-20, included the following provisions:

Exceptions to this Order include: ... [p]ersons with health conditions or disabilities that prohibit wearing a mask. Nothing in this Order shall require the use of a mask by any person for whom doing so would be contrary to his or her health or safety because of a medical condition. Adaptations and alternatives for individuals with health conditions or disabilities should be considered whenever possible to increase the feasibility of wearing a mask to reduce the risk of COVID-19 spreading if it is not possible to wear one.

and

Any person who declines to wear a mask because of a medical condition ... may request a reasonable accommodation.

Where a faith formation program is being held in a school, the August 12th Public Health Order is to be followed.

Note: A reasonable accommodation for masks does not mean a child will have complete exemption from COVID-19 protocols. If a student has a medical issue, the Parish will provide, when possible, a reasonable accommodation based on the medical statement below.

To request an adaptation, alternative or accommodation for a student, please have the student's Licensed Medical Provider or a State Health Department Official complete and sign the following:

MEDICAL ADAPTATION, ALTERNATIVE OR ACCOMMODATION STATEMENT: I certify that the wearing of a mask during faith formation activities would be detrimental to this student's health or is prohibited by a disability. The wearing of a mask is contraindicated because (please specify):

This contraindication is permanent or temporary and expected to preclude wearing of a mask until:

Date (Mo., Day, Yr.): |_____|_____|_____|.

The following adaptation[s], alternative[s] or accommodation[s] would be feasible for this student based upon his or her health condition or disability (please check all that apply):

- wearing a transparent face shield maintaining social distancing of > 6 feet from others
 shielding around student desk periodic testing for COVID-19
 other (please specify) _____

no adaptation, alternative or accommodation is possible for this student.

SIGNATURE OF LICENSED MEDICAL PROVIDER OR HEALTH DEPARTMENT OFFICIAL |_____|_____|_____|
DATE (MO.,DAY,YR.)

PRINTED NAME OF LICENSED MEDICAL PROVIDER OR HEALTH DEPARTMENT OFFICIAL PHONE NUMBER

----- To be Completed by Parish and Pastor -----

An accommodation was ___ Reached ___ Not Reached. The outcome of this accommodation request is as follows:

Signature of Parish Designee: _____ **Date:** _____

Signature of Parent/Guardian/Student (if over 18): _____ **Date:** _____

Affirmed: _____
Pastor

Date