



NEW LENOX SCHOOL DISTRICT 122
102 South Cedar Road, New Lenox, Illinois 60451
Phone 815-485-2169 Fax 815-462-2894

**Mask Accommodation/Exemption Form
2021-2022 School Year**

This form must be completed in its entirety by individuals who believe they require an accommodation to the District’s Mask Policy. The Policy requires all staff, students and visitors over 2 years of age to wear face coverings in school buildings, and on school busses and other school vehicles.

While the mask requirement is a health and safety measure that generally must be observed while in school buildings and on school buses, the District will consider requests for reasonable accommodation in regard to the mask requirement. Individuals who are requesting a reasonable accommodation must complete this form and provide verification from a licensed health care provider. Reasonable accommodations may include programming to help an individual adjust to mask wearing, designated breaks from wearing a mask (in locations where physical distance can be maintained) or modifications to the mask or face covering.

Exemptions to the mask requirement will only be granted to individuals with documented disabilities that make them unable to wear a mask safely. Examples of this include individuals with disabilities which prevent them from removing their masks (e.g., a condition that causes paralysis or inability to control movements) or who are endangered by masks (individuals that require medical devices to breathe). Requests for exemptions must also be supported by documentation from a licensed health care provider, and requestors may need to submit to an independent medical examination, at District expense, to have an exemption approved.

Exemptions and Accommodations will not be provided to individuals on the basis of personal preference or disagreement with the requirement.

Part I –To be Completed by Individual Requesting Accommodation

Name of Student: _____

School Building: _____ Grade: _____

Name of Parent/Guardian _____

My student receives educational services in accordance with (check one):

- an IEP Section 504 Plan the general education program

Reasons for request for accommodation to or exemption from the District’s Mask Policy (*Please describe the basis for your request as completely as possible*).



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Mask Accommodation/Exemption Form (cont.)
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Part II—Medical Verification

(To be completed by the licensed health care provider of the student)

I understand that I am completing this form for my patient identified on this form, who is requesting (*check one*)

1. an accommodation to the District’s mask policy; or
2. an exemption from the District’s mask policy.

If you selected number 1, above, please describe the medical basis for the request for reasonable accommodation in relation to the District’s requirement to wear a mask in school (*please explain, with specificity, the nature of the individual’s medical condition or disability and why it causes them to require reasonable accommodation to the mask requirement*).

Would the condition that limits the person’s ability to comply with the face covering protocol be assisted by any of the accommodations listed below?

Modifications to the face covering itself? YES NO

If yes, describe modifications needed (changes to material, fastening system, style)

Regular breaks from the requirement to wear a face covering? YES NO

If yes, describe frequency and length of breaks needed:

Additional training from a behavior specialist or other specialist that would assist the student in adapting to/generalizing this requirement? YES NO

If yes, provide input about type of programming required:

Are there any other accommodations that would address the individual’s needs and enable compliance with the face covering protocol?

If you selected number 2 above, please describe the medical basis for the individual's inability to wear a mask in school (*please explain, with specificity, the nature of the individual's medical condition or disability and why it requires an exemption from the mask requirement*).

Is the individual able to be around others who are also unable to wear face coverings if social distancing is maintained? (*check one*) YES NO

The District reserves the right to seek a an independent medical assessment for students to verify the information provided on this form.

Parent/Guardian Signature: _____ Date: _____

Physician Name: _____

Physician Phone Number: _____

Physician Signature: _____ Date: _____

PART 3- SCHOOL DISTRICT USE ONLY

Date Form Received: _____

Mask Accommodation/Exemption Approved: YES NO

If not approved, reason denied: _____

NLSD 122 Administrator Name: _____

NLSD 122 Administrator Signature: _____ Date: _____