



Attachment A: Mask Accommodation Request Form

Section 1. To be completed by the Requestor. Please print clearly.

_____	_____
Name	Student or Employee ID#
_____	_____
Date of Birth	Email Address

Section 2. To be completed by a Physician or Nurse Practitioner.

The above person presented to St. Clair College requesting to be exempted from St. Clair College's COVID-19 Campus safety protocols requiring all staff and students to wear a mask while on campus. We ask that you please complete a medical assessment and complete the section below.

Based on my assessment, it is my medical opinion that this individual:

- Has a medical requirement for** a mask accommodation to participate on campus
- Does not require** a mask accommodation to participate on campus

_____	_____
Health Care Provider Name & Designation	Signature of Health Care Provider
_____	_____
Address and Telephone Number of Health Care Provider	Date of Assessment

If you are medically exempt you must wear a face shield and maintain 2 meters distance from others at all times.

St. Clair College Health Centre is a resource for strategies to use while wearing a mask where **no** accommodation to participate on campus is medically necessary. You can call 519-972-2380 for an appointment.

Consent

By signing this form, I understand the Health Practitioner's assessment and strategies. I understand that information confirming my accommodation (if one is required) will be shared as applicable with persons at St. Clair College. I also understand that I will be required to have on me at all times my exemption card if I have an accommodation for a mask exemption.

Please note: Personal health information will not be shared.

_____	_____
Signature	Date