ANKENY
COMMUNITY SCHOOL DISTRICT

community ) challenge ) excellence ) inspiration ) leadership

# CERTIFICATION OF EXEMPTION FROM FACIAL COVERING REQUIREMENT

The Ankeny Community School District ("District") is taking reasonable measures to prevent the spread of COVID-19 infection in accordance with applicable local, state federal guidance, including requiring the use of a facial covering (" Facial Covering") in settings specified by the District ("Facial Covering Requirement").

**By signing this Certification of Exemption, you represent and attest that you or your child is eligible for exemption from the District's Facial Covering Requirement as set forth below:**

_____ _____
(Name of Child for Whom Request is Made) (Named Child's Date of Birth)

**Please check the reason(s) for the requested exemption:**

_____ The child named above qualifies for an exemption because, in the opinion of an Iowa licensed physician (MD or DO), nurse practitioner, or physician assistant, such requirements are medically contraindicated as Facial Coverings would be injurious to the health and well-being of the person. **If you have medical documentation in support of your request for exemption, please attach it to this form before submitting.** If no documentation is attached, upon submission of this form, the District reserves the right to ask for additional medical documentation to verify the person's health condition and its impact on the Facial Covering Requirement, as well as to assess possible modifications to such requirements or other accommodations.

_____ The child named above qualifies for an exemption because such requirements conflict with a genuine and sincere religious belief held by the person, which is in fact religious and not based merely on philosophical, scientific, moral, personal, or medical opposition to Facial Coverings.

By signing this Certification of Exemption from the District's Facial Covering Requirement, you further acknowledge and understand that failure to use Facial Coverings may increase the risk to yourself or your child, or others, of contracting, carrying, and spreading COVID-19 infection. Alternatives to Facial Coverings may be implemented as a reasonable accommodation, if appropriate. A person granted a medical or religious exemption may be excluded from in-person school and school activities during a COVID-19 infection outbreak.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

_____ _____ _____
Parent/Guardian Signature Parent/Guardian Printed Name Date

***For medical exemption:***

_____ _____ _____
MD/DO/NP/PA Signature Print Name and License No. Date

(If medical exemption will end at a future date, please state date of expiration: _____)

Sworn and subscribed to before me, a Notary Public in and for the State of Iowa, this _____ day of _____, 20_____.

_____ _____
Signature of Notary Public My commission expires: