

APPENDIX A

GLASSBORO BOARD OF EDUCATION

ADMINISTRATION
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Mask Wearing Protocol

1648.11A MASK WEARING PROTOCOL

Parents and/or guardians seeking a medical exemption to the mask mandate imposed by Executive Order 251 must complete a District-provided exemption request form, provide written documentation from the student's local health care provider indicating that a mask exemption is warranted, and sign a release of information that allows the district's Physician to consult with the student's physician.

Once a completed request form and release of information has been received, the appropriate District personnel shall forward the written documentation from the student's local health care provider, parent-signed release of information form, and any additional appropriate information to the school physician, who shall verify the need for a mask exemption.

The school physician may then contact the student's physician to secure additional information concerning the student's diagnosis or the need for exemption and shall either verify the need or shall provide reasons for denial to the Board. This process may be delayed if the student's health care provider does not respond to a request for information from the district school physician.

No mask exemption will be granted until approval is received from the school physician. The parents and/or guardians will be notified when approval is received.



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PHYSICIAN QUESTIONNAIRE/ REQUEST FOR MASK EXEMPTION

Student: _____ Date of Birth: _____

School: _____ Date of Request: _____

1. Detail available medical background, including a written diagnostic statement with ICD 10 Medical Diagnosis Code.

2. In your opinion, do above diagnoses and conditions make it medically necessary for this student to remain unmasked in school? ____ If yes, please explain rationale?

3. Has student been seen and evaluated by you for problems caused by wearing a mask related to above medical diagnoses and conditions? ____ If yes, please explain?

Final review and determination will be made by School Physician. Please be advised that it may be necessary School Physician to contact you to discuss documented medical concerns, '

Physician /Medical Provider Name (Please Print) _____

Physician's /Medical Provider's signature _____

Phone Number: _____

Office stamp: _____