



August 5, 2020

Dear Colleagues,

The "MI Safe Schools Roadmap" for the coming school year requires the use of face masks for all students, teachers and staff. PreK-5 students will be required to wear them in the hallways, common areas and during bus transportation; students in grades 6-12 will be required to wear them in these areas as well as in the classroom.

To be exempt from this requirement a student must present the attached waiver form to the school secretary signed by a licensed MD or DO. Physicians are legally allowed to exempt only those students who have a legitimate, proven medical contraindication to the use of a face mask, of which there are very few, if any.

In fact, the State of Michigan only lists three instances that would preclude the use of a face mask:

1. "Children younger than 2 years old"
2. "Anyone who has trouble breathing"
3. "Anyone who is unconscious, incapacitated, or unable to remove the cloth face covering without assistance"

It is possible that you may receive pressure from individuals to sign the waiver form in the absence of a true medical contraindication. It is important, however, that you adhere to the strict requirements of the current Executive Order (EO 2020-142) as we work together to combat COVID-19.

Thank you in advance for your cooperation.

If you have questions, please contact me at 616-494-5548.

Sincerely,

A handwritten signature in cursive script that reads "Paul A. Heidel".

Paul A. Heidel, MD, MPH  
Medical Director  
Ottawa County Department of Public Health

**PLEASE COMPLETE TOP SECTION BEFORE GIVING IT TO YOUR MEDICAL OR OSTEOPATHIC PHYSICIAN**

Student/School Staff Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

The above-named individual requires documentation from a medical or osteopathic doctor that they are unable to wear a facial covering during the current school year due to a medical condition. Schools are required to obtain this documentation as they are with any other accommodation\*. We appreciate your time and assistance in this matter.

The above-named individual **cannot** medically tolerate a face covering due to the following medical condition: \_\_\_\_\_.

I, hereby certify that the medical condition would \_\_\_\_\_ cause trouble breathing or \_\_\_\_\_ make the student/staff member unable to remove the cloth face covering without assistance or would cause the following deleterious problem: \_\_\_\_\_.

If unable to medically tolerate a face covering, this student/staff member **is able** to use a face shield:

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ If not, why not: \_\_\_\_\_.

Medical or Osteopathic Physician's name and licensure: \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby agree with and authorize any restrictions or limitations described above pertaining to my child or ward.

Parent or Guardian signature: \_\_\_\_\_

\*This list of acceptable conditions along with the guidance for schools to require this documentation from a medical professional has been provided by the state of Michigan and can be found at [https://www.michigan.gov/coronavirus/0,9753,7-406-98178\\_98455-535121--,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-535121--,00.html) .