Chelan-Douglas Health District
www.cdhd.wa.gov
(509) 886-6400

Grant County Health District
www.granthealth.org
(509) 766-7960

Okanogan County Public Health
www.okanogancounty.org/ocph
(509) 422-7140

Kittitas County Public Health Department
www.co.kittitas.wa.us/health/
(509) 933-8315

Region 7 COVID-19 Face Mask/Cloth Face Covering Waiver Request Form

The use of face masks or cloth face coverings is required in all Region 7 public, private, charter, and tribal schools. School employees and/or students may request a waiver from their healthcare practitioner and their county Health Officer. All waiver requests will be approved or denied by the Health Officer of the appropriate county.

A waiver request may be made by an employee on behalf of themselves, or a parent/guardian/legal custodian/foster care provider on behalf of a minor student, or a non-minor student on behalf of themselves, to the individual's primary health care provider.

Requestor Information

Student Name: _____ Student DOB: _____

Requestor Name: _____ Requestor Contact Phone:_____

Requestor Mailing Address: _____ City: _____ Zip: _____

School District: _____ School: _____ Phone: _____

Health Care Practitioner Declaration

☐ I have discussed the benefits and risks of face masks/cloth face coverings with the requestor (or parent/guardian) as a condition of this waiver.

☐ I recommend initiating a mask safety plan to assess mask appropriateness.

☐ I declare that use of a face mask/cloth face covering is not advisable for this requestor.

Medical Diagnosis **(Required)** _____

Additional Details: _____

A phone number where a health officer can reach you: _____

I certify I am a qualified MD, ND, DO, ARNP or PA licensed in WA State and the information on this form is complete & accurate.

_____ _____ _____

Licensed Health Care Practitioner Name (print) | Licensed Health Care Practitioner Signature | Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA Washington License #_____

Requestor Declaration

I declare that:

• I have signed this form freely and voluntarily, and I am legally authorized to make decisions for myself or for this student.

• I understand and agree that nothing herein shall relieve the parent, guardian, legal guardian, foster care provider, or student named from any liability associated with the student not wearing a face covering.

• I acknowledge that WA DOH and CDC recommend that students wear face coverings in the school environment to protect against the spread of COVID-19 based on scientific evidence and research studies.

• I agree on behalf of myself and the student to hereby release the school, school district, Office of Superintendent of Public Instruction (OSPI), and the local health jurisdiction from any and all liability as a result of or associated with not wearing a face covering.

• I understand that the student is subject to any guidance issued by OSPI related to school bus operations based on limitations, restrictions, or requirements promulgated by the federal government, including wearing of face coverings while on a school bus. With the exception of face covering requirements, I understand that the student shall remain subject to all other school and school district requirements, including those related to COVID-19.

• I understand that if I am a student age 18 or older, or a student who may otherwise legally consent, references to "the student" refer to me and I may sign this form on my own behalf.

• I will notify the student's school in writing if I choose to revoke my consent.

_____ _____ _____

Requestor Name (print) Requestor Signature Date

Health Officer Review

☐ School Nurse evaluation required (see declaration below). If required by the Health Officer, the school nurse (or designee) will create an individualized mask safety plan to assess mask appropriateness in collaboration with the employee, or requestor and student. Individualized mask safety plans may include multiple approved droplet retention strategies (e.g. face-mask, face-covering, draped-shield), their selection and fitting, training, practice and return demonstrations, scheduled masking intervals and mask breaks, positive reinforcement, direct observation, and staff/student evaluations. If plan objectives are not met after 5 in-school days and masking success appears unlikely, the school nurse (or designee) will sign the mask waiver request and submit to the local health jurisdiction.

As Health Officer, I have reviewed the request and professional recommendations. ☐ Approve Waiver ☐ Deny Waiver

Additional Details: _____

_____

_____

_____ _____ _____ _____

Health Officer Name (print) Health Officer Signature Washington License # Date

School Nurse (or designee) Declaration (if required by Health Officer)

I have completed an individualized mask safety plan as described above, and the requestor has been unable to tolerate any approved droplet retention strategies.

Additional Details:_____

_____ _____ _____

School Nurse (or designee) Name (print) School Nurse (or designee) Signature Date

Submission Directions: Send form via secure email or FAX to appropriate Health District:

- **Chelan-Douglas:** Kaila.brownlee@cdhd.wa.gov or Fax 509-886-6478
- **Kittitas:** Fax: 509-962-7581
- **Grant:** info@granthealth.org or Fax 509-766-6519
- **Okanogan:** ljones@co.okanogan.wa.us or Fax 509-422-7158