



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

As a result of the COVID-19 pandemic, the use of face masks or cloth face coverings is required at all Region 7 school districts. District 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.

Requestor Information

First Name: _____ Last Name: _____ DOB: _____

Parent Name (if minor): _____ Parent Contact Phone: _____

School District Name: _____ School District FAX: _____

Health Care Practitioner Declaration

I declare that use of a face mask or a cloth face covering is not advisable for this requestor. I have discussed the benefits and risks of face masks/cloth face coverings with the requestor (or parent/guardian) as a condition for requesting this waiver. I have either identified an alternative droplet retention method or no alternative method/exclusion.

1. Medical Diagnosis (Required) _____

Additional Details: _____

2. Alternative Droplet Retention Method (Required): _____

OR No Alternative -Recommend Exclusion

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 # _____

Cell phone where Health Officer may reach you: _____

Directions: Health Care Practitioner: Send form via secure email or FAX to appropriate Health District below:

- **Chelan-Douglas:** joyous.vanmeter@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

Health Officer Review

I have reviewed the request and the recommended alternative. Approve Waiver Deny Waiver

Additional Detail: _____

 Health Officer Name (print)

 Health Officer Signature

 Date

Washington License # _____ (FAX completed form to School District, Attn: Human Resources)