

**CERTIFICATION OF EXEMPTION FROM MASK REQUIREMENTS**

The Southeast Polk Community School District (“District”) is taking reasonable measures to prevent the spread of COVID-19 infection in accordance with applicable state and federal guidance, including requiring the use of a cloth facial covering or mask (“Mask”) in settings specified by the District (“Mask Requirement”).

By signing this Certification of Exemption, you represent and attest that you are eligible for exemption from the District’s Mask Requirement as set forth below:

\_\_\_\_\_  
Employee’s Name

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

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

\_\_\_\_\_ The employee named above qualifies because, in the opinion of an Iowa licensed physician (MD or DO), nurse practitioner, or physician assistant, such requirements are medically contraindicated as Masks would be injurious to the health and well-being of the person. The District may ask for additional medical documentation to verify the person’s health condition and its impact on the Mask Requirement as well as to assess possible modifications to such requirements.

\_\_\_\_\_ The employee named above qualifies 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 Masks.

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

**Please return this completed form to Margi Belger in Human Resources, margi.belger@southeastpolk.org**

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

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Print 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\_\_\_\_\_.**

\_\_\_\_\_  
**Notary Public**