



Parkland School Division

Mask Exemption Medical Form

Dear Licensed Healthcare Practitioner,

You are receiving this form because a parent/guardian/staff member in Parkland School Division (PSD) is seeking a medical exemption from wearing a mask as directed under CMOH Order 55-2021 (Dec 16, 2021). Please note that PSD has a [Mask Protocol](#) in place based on CMOH Order 55-2021. Before granting an all-encompassing exemption, it's important to know PSD's mask rules which are as follows:

- Masks will be required for all students grades 4-12, staff and visitors in all indoor school common areas such as hallways, the school office, public washrooms, cafeterias, etc.
- Masks may be required in classrooms for several reasons including, but not limited to:
 - When activities, as determined by the teacher, require close contact or movement around the room (i.e. group work, labs, close collaboration on projects); or
 - When room or desk configuration, as determined by the school principal, prevents adequate physical distancing between students and/or staff.
 - If masks are required when students are seated (as above), students/staff will be granted frequent mask breaks.
- Masks are required on the school bus for all staff and students, Kindergarten to Grade 12.
- Masks are not required outside when appropriate distancing can be maintained.
- The Superintendent of Schools, or designate, may determine programming, activities or situations that allow students to remove their masks for the duration of the activity, when:
 - Additional safety measures are in place or use, or
 - The nature of the activity makes mask impractical.
- Masks are not required during strenuous physical activities (such as during physical education classes or during sporting activities).

Mask Exceptions for Health Conditions

A person who is unable to wear a face mask due to a qualifying health condition as determined by an authorizing health professional defined in CMOH Order 55-2021, is exempted from wearing a face mask while attending an indoor public place.

List of qualifying health conditions:

- Sensory processing disorder
- Developmental delay
- Cognitive impairment
- Mental illness including:
 - Anxiety disorders
 - Psychotic disorders
 - Dissociative identity disorders
 - Depressive disorders
- Facial trauma or recent oral maxillofacial surgery
- Clinically significant acute respiratory distress
- Contact dermatitis or allergic reactions to mask components

As per CMOH Order 55-2021, this exception letter is valid for a period of one year from the date on which it is made.

PSD reserves the right to request an independent medical review.

MEDICAL NOTE FOR MASK EXCEPTION

Patient Name:	
Mask Exceptions for Health Conditions A person who is unable to wear a face mask due to a qualifying health condition as determined by an authorizing health professional defined in CMOH Order 22-2021, is excepted from wearing a face mask while attending an indoor public place. List of qualifying health conditions: <ul style="list-style-type: none">• Sensory processing disorders• Developmental delay• Cognitive impairment• Mental illness including:<ul style="list-style-type: none">• Anxiety disorders• Psychotic disorders• Dissociative identity disorders• Depressive disorders• Facial trauma or recent oral maxillofacial surgery• Contact dermatitis or allergic reactions to mask components• Clinically significant acute respiratory distress It is important to continue practicing good hand hygiene and maintain 2 metres of physical distance from others to reduce the spread of COVID-19. It is strongly recommended that individuals who qualify for a masking exception avoid indoor public spaces and circumstances where physical distancing is not possible.	
By signing below, I confirm that: <ul style="list-style-type: none">• I am one of the following authorized health professionals:<ul style="list-style-type: none">○ Nurse practitioner○ Physician○ Psychologist• The individual named above has been assessed and confirmed to have one of the medical conditions listed above <i>Additional comments:</i>	
Healthcare Provider Name (printed):	Professional Registration Number:
Email Address (optional):	Phone Number:
Signature:	Date: