



www.bloomfield.org | 248.341.5407 | @BHSchools
7273 Wing Lake Road, Bloomfield Hills, Michigan 48301

In the event the district requires masks, any student who can not medically tolerate a facial covering or who is incapacitated or unable to remove the facial covering without assistance, should not wear one.

In order to properly document the medical condition that precludes wearing a facial covering, you child's Physician (MD, DO) must complete the following form.

Date: _____

Student Name: _____ Date of Birth: _____

Student's School: _____ Student's Grade: _____

Student's Medical Condition: _____

Please initial all of the statements below that apply to this student:

_____ Student has a medical condition that causes him or her to be unable to tolerate wearing a facial mask.

_____ Student is physically unable to remove a facial covering without assistance.

Printed Name of Physician

Office Phone Number

Address of Physician

Signature of Physician

***This form must be faxed to the district by
the medical provider:***

Bloomfield Hills Schools

FAX: 248-282-1713