

BLOOMFIELD HILLS SCHOOLS

Patrick Watson, Superintendent

Per the "MI Safe Schools: Michigan 2020-21 Return to School Roadmap" Policy Manual, it is required that facial coverings must always be worn by Staff Members except while eating. Any Staff Member who is unable to medically tolerate a facial covering or who is incapacitated or unable to remove the facial covering without assistance, must not wear one.

In order to properly document the medical condition that precludes wearing a facial covering, the Staff Member's physician or physician's assistant must complete the following form.

Date:		
Employee Name:		DOB:
Employee's	Medical Condition:	
Please initi	al all of the statements below that apply to the	is employee :
mask.	Employee has a medical condition that cause	s him or her to be unable to tolerate wearing a facia
<mark>shield</mark> .	Employee has a medical condition that cause	s him or her to be unable to tolerate wearing a facia
	Employee is physically unable to remove a fa	cial covering without assistance.
Printed Name of Physician/Physician's Assistant		Physician/PA's Office Phone Number
Physician/	Physician's Assistant Signature	

SCAN AND EMAIL form to:

SDARE@BLOOMFIELD.ORG

Bloomfield Hills Schools Booth Center 7273 Wing Lake Road Bloomfield Hills, MI 48301