



**LEVITTOWN PUBLIC SCHOOLS**  
**Levittown Memorial Education Center**  
**150 Abbey Lane**  
**Levittown, New York 11756**



Ms. Michele Ortiz, **Curriculum Associate**  
 Office of Assessments, Data, ENL  
 Health Services  
 516-434-7056  
 Central Registration  
 516-434-7058

**Medical Request for Mask Exemption**

Face masks prohibit spread of the virus even when the infected person is without symptoms.

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| <ul style="list-style-type: none"> <li>● Students who are enrolled in Kindergarten and above, as well as staff are required to wear a cloth face covering, unless medically waived.</li> <li>● Mask breaks will be scheduled throughout the day.</li> <li>● CDC guidance regarding masks should be used in schools by students and staff can be referenced at the following link:<br/> <a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/Young-Mitigation-recommendations-resources-toolkit.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/Young-Mitigation-recommendations-resources-toolkit.pdf</a></li> <li>● Face masks/shields must be worn by bus drivers as long as they do not interfere with the health and safety of the driver.</li> </ul> | <ul style="list-style-type: none"> <li>● Face coverings must be worn on the bus for all staff and students (unless medically waived).</li> <li>Face coverings should:           <ul style="list-style-type: none"> <li>● Fit snugly but comfortably against the side of the face</li> <li>● Be secured with ties or ear loops</li> <li>● Include multiple layers of fabric</li> <li>● Allow for breathing without restriction</li> <li>● Be able to be laundered and machine dried without damage or change to shape</li> <li>● Cover both nose and mouth</li> </ul> </li> <li>● Not be treated as a toy</li> <li>● Be worn any time you are moving around</li> </ul> |
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As parent or guardian, you must request permission to receive a medical exemption to the Levittown Public Schools face mask requirement. If an exemption is approved by the District Medical Director, your child will be flagged in our system, and not be required to wear a face mask. Please return this completed form to your child's school.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**Medical Provider:**

The above named student has requested a medical waiver for exemption to the Levittown Public Schools requirement of face masks. As a result, Levittown Public Schools requires medical verification for the following information. Is it medically necessary for this student to not wear a mask to school, as required by Levittown Public Schools? (Please provide medical reasoning in Comments)

Yes  No Comments: \_\_\_\_\_

\_\_\_\_\_

**Medical Provider Information**

Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Health Care Provider:** \_\_\_\_\_

Date: \_\_\_\_\_

**Outcome:**

**Approved**

**Not Approved**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send copy to:**

**Building Principal**

**Classroom Teacher**

**Transportation**

**Special Education Dept.**

Medical request for Mask Exemption form should be emailed to: Michele Ortiz, [mortiz@levittownschools.com](mailto:mortiz@levittownschools.com)