



ALTERNATIVE TO FACE COVERING 2020/2021

Student's Name _____

Date of Birth _____

School _____ Grade _____

The above-named student has a diagnosis of _____ that prevents the student from wearing a face covering, and that requires an alternative for the 2020-2021 school year. To assist with efforts of the Pinellas County School Board in slowing the spread of SARS-COV-2 (coronavirus/COVID-19), I advise the following accommodation. I have discussed this recommendation with the student's parent/guardian:

Face Shield (NOTE: Current CDC guidance does **not** recommend a face shield as a substitute for a cloth face covering as their effectiveness remains unproven. Other mitigating measures will be implemented, to be decided at the school level)

Other suggested accommodation _____

Once this form is received, the school will work with the family regarding reasonable accommodations that address the safety of the student and others within the school.

Health Care Provider printed name _____

Health Care Provider signature _____

Date _____