CERTIFICATION OF EXEMPTION FROM MASK REQUIREMENT ON BUS

Effective February 1, 2021, the CDC issued a federal order that requires masks to be worn on public transportation, including school busses. The order further requires that those providing such transportation take active measures to enforce the order. The IDPH and IDOT have both issued guidance verifying the CDC's order and the requirement that masks be worn on school buses.

At this time, consistent with the federal CDC order and the guidance from IDPH and the IDOT, the Waverly-Shell Rock Community School District ("District") is taking reasonable measures to prevent the spread of COVID-19 infection in accordance with the federal CDC order by requiring the use of a cloth face covering or mask ("Mask") on school busses.

By signing this Certification of Exemption, you represent and attest that you or your child is eligible for an exemption from the District's bus mask requirement as set forth below:

_____ (Name) _____ (Date of Birth)

_____ qualifies because, in the opinion of an Iowa licensed physician (MD or DO), nurse practitioner, or physician assistant, such requirements are medically contraindicated as Masks would be injurious to the health and well-being of the person. **If you have medical documentation in support of your request for exemption, please attach it to this form before submitting.** If no documentation is attached upon submission, the District, reserves the right as legally authorized to ask for additional medical documentation to verify the person's health condition and its impact on the Mask Requirement as well as to assess possible modifications to such requirements or other accommodations.

_____ qualifies because such requirements conflict with a **genuine and sincere religious belief** held by the person, which is in fact religious and not based merely on philosophical, scientific, moral, personal, or medical opposition to Masks.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

_____	_____	_____
Parent/Guardian Signature	Print Name	Date

Sworn and subscribed to before me, a Notary Public in and for the State of Iowa, this _____ day of _____, 20_____.

_____
Notary Public

For medical exemption:

_____	_____	_____
MD/DO/NP/PA Signature	Print Name and License No.	Date

(If medical exemption will end at a future date, please state date of expiration: _____)

Return completed forms (electronically or paper) to the district office.