



**OFFICE OF THE SUPERINTENDENT ❖ OFFICE OF CATHOLIC SCHOOLS & CENTERS**  
Pastoral Center ❖ PO Box 40200 ❖ St. Petersburg, FL, 33743-0200 ❖ PH: 727-347-5539 ❖ Fax: 727-341-6848

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### **Student Mask Medical Exemption Form**

***This form must be completed and signed by a licensed Florida Healthcare Professional\****

*Effective immediately all persons (employees, visitors, and students age 4 – grade 12) must wear appropriate face coverings that cover both the mouth and nose while indoors on school campus.*

**To request that a student opt out of the masking protocol,  
please complete the following and submit to your school:**

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

Underlying medical condition/diagnosis: \_\_\_\_\_

Student under my care       can wear a mask       cannot wear a mask

Student under my care       can wear a face shield       cannot wear a face shield

Instead of mask or face shield, student may wear: \_\_\_\_\_

Could the student gradually learn to wear mask/face shield?     Yes       No

Amount of time the student could try to tolerate the wearing of the mask/face shield: \_\_\_\_\_

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

\_\_\_\_\_  
*Printed Name of Healthcare Professional\*      Signature      Date*

\_\_\_\_\_  
*Phone Number      License No.*

\_\_\_\_\_  
*Practice Address      City/State/Zip*

\_\_\_\_\_  
*Email Address*

*\* Licensed Florida medical doctor, licensed physician's assistant, licensed osteopathic physician, licensed advanced registered nurse practitioner, or a licensed mental health professional.*