

This form must be completed and signed by a licensed Florida medical doctor, a licensed osteopathic physician or a licensed advanced registered nurse practitioner.

Pursuant to the authority of the School Board under Article IX, Section 4, of the Florida Constitution, as well as sections 1001.32, 1001.41, 1001.42 and 1001.43, Florida Statutes, the School Board of Alachua County's current masking protocol is as follows:

Effective immediately all persons (students, staff, contractors, vendors and visitors) must wear appropriate face coverings that cover both the mouth and nose when on School Board property, at a School Board activity, or riding a bus or in other approved transportation.

To request that an employee opt out of the masking protocol, please complete the following and submit to your school.

Employee Name:		School/Worksite:		
Underlying medical condition/diagnosis:				
Employee under my care	\Box can wear a mask	□ cannot wear a mask		
Employee under my care	\Box can wear a face shield	\Box cannot wear a face shield		
Instead of mask or face shield, the employee may wear:				
Comments:				

Printed Name of Qualified Provider *	Signature	Date
Phone Number	License No.	
Practice Address	City/State/Zip	

Email Address

* Licensed Florida medical doctor, a licensed osteopathic physician or a licensed advanced registered nurse practitioner.