



ELEVATING EXCELLENCE

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## MBC FACE COVERING EXEMPTION FORM

An MBC exemption form must be signed by a parent/guardian and a medical provider.

Individuals who cannot tolerate a face covering due to a medical condition or disability related condition may be asked to utilize alternative options such as a face shield or other reasonable accommodation when at all possible. Individuals who cannot tolerate any level of face covering need to have that verified, using this form completed by a medical provider.

### DEFINITIONS:

- Face Covering: A cloth or paper mask or other face covering that covers the mouth and nose.
- Face Shield: A clear shield that extends below the chin in the front, or sits upon the chin and extends upward covering the nose.
- Medical Provider: A medical doctor, psychiatrist, clinical psychologist, physician assistant, or nurse practitioner (generally a person licensed to write prescriptions in Minnesota).

STUDENT INFORMATION		
Student Last Name:	Student First Name:	Student Date of Birth:
		/ /
Parent/Guardian Printed Name:		Parent/Guardian Signature:
MEDICAL EXEMPTION INFORMATION		
Is this exemption for a limited time?		If Yes, when does the time expire?
<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /
Can a mask be worn during low exertion events such as entering/exiting the facility, restrooms, breaks etc:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can a face shield be worn?	Further Comments:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
MEDICAL PROVIDER INFORMATION		
Office/Clinic Address:		Office/Clinic Phone:
Medical Authority Printed Name:	Medical Authority Signature:	Date:
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