



**FACE MASK / FACE COVERING
MEDICAL/HEALTH EXEMPTION FORM**

INSTRUCTIONS:

To ensure the safety of the college community, Essex County College is requiring that all students, faculty and staff wear a mask/face covering while indoors on campus to limit the spread of Covid-19. Masks/face coverings may be removed while eating so long as social distancing is maintained to the greatest extent possible. Faculty and staff may remove their mask/face covering at their work station while alone.

Any student, faculty or staff seeking a medical exemption to the College's mask/face covering requirement must have their treating physician complete a Medical Exemption Form. A representative of Essex County College may consult with your treating physician regarding your request for a medical exemption to the College's mask/face covering requirement. Essex County College reserves the right to deny mask/face covering exemption requests without sufficient information to determine the health-related necessity of the request.

If you are a student, please complete this form, print and bring this form to Enrollment Services.

If you are an employee, please complete this form, print and bring this form to Human Resources.

CONSENT:

I hereby consent to have a representative/agent of the Essex County College consult with my treating physician in connection with my request for a medical exemption from wearing a mask/face covering while indoors on campus. I authorize my treating physician to exchange health/medical information related to the mask/face covering medical exemption request submitted on my behalf. I understand that the purpose of the exchange of such information is to determine whether a medical exemption is necessary. I understand that I may revoke this consent by submitting a written notice of withdrawal of consent to the appropriate College representative designated to process requests for medical exemptions.

If I am a student, I acknowledge and understand that all health/medical records, once shared with Essex County College, are educational records under FERPA and may not be protected by the HIPAA privacy rule.

Signature of Student, Faculty or Staff

Date

Print Name

ECC. No.

Contact Information for Treating Physician

Name: _____

Address: _____

Phone #: _____ Fax: _____ Email: _____

The section below must be completed by the student, faculty or staff's treating physician to verify a health or medical reason that prohibits the named student, faculty or staff member of Essex County College from wearing a mask/face covering while indoors on campus.

Medical Verification:

I am the treating physician of: _____ and have determined that this individual cannot wear a mask or face covering while indoors on campus due to a verified medical or health reason. The individual has been diagnosed with the following medical condition(s) that interfere with the his/her/their ability to wear a mask or face covering at all times while indoors on campus:

By signing below, I verify that the above information is accurate to the best of my professional knowledge.

Signature of Treating Physician

Date

Print Name of Treating Physician

Doctor's License No.

For College use only:

EXEMPTION APPROVED

EXEMPTION DENIED

Rationale: _____

