Penn Cambria School District
Written Notice of Section 3 Exception

As of 9/7/21, each teacher, child/student, staff, or visitor working, attending, or visiting a School Entity shall wear a face covering indoors, regardless of vaccination status, except as set forth in the Section 3 exemptions.

All alternatives to a face covering, including the use of a face shield, should be exhausted before an individual is excepted from this order.

Section 3: Exceptions to Covering Requirement

1. If wearing a face covering while working would create an unsafe condition in which to operate equipment or execute a task as determined by local, state, or federal regulators or workplace safety guidelines.
2. If wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability.
3. When necessary to confirm the individual’s identity.
4. When working alone and isolated from interaction with other people with little or no expectation of in-person interaction.
5. If an individual is communicating or seeking to communicate with someone who is hearing-impaired or has another disability, where the ability to see the mouth is essential for communication.
6. When the individual is under two (2) years of age.
7. When an individual is: (1) Engaged in an activity that cannot be performed while wearing a mask, such as eating and drinking, or playing an instrument that would be obstructed by the face covering; or (2) Participating in high intensity aerobic or anerobic activities, including during a physical education class in a well-ventilated location and able to maintain a physical distance of six feet from all other individuals.
8. When a child/student is participating in a sports practice activity or event, whether indoors or outdoors.

Print Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_

My child named above meets the following exception to the face covering requirement:

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I hereby affirm and certify that the information submitted above is correct. I understand that this form will be kept on file by the school district. I understand that reasonable accommodations may be made for my child based on this request including seating changes, social distancing, and other strategies to mitigate COVID risk. By providing this statement, I understand that there are no exceptions to quarantine guidance for unmasked, unvaccinated individuals.

Parent or Legal Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent or Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

*This form must be provided in hard copy with original signatures to the school office.
Email or electronic forms will* ***not*** *be accepted.*