



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

- A. 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.
- B. 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.
- C. When necessary to confirm the individual's identity.
- D. When working alone and isolated from interaction with other people with little or no expectation of in-person interaction.
- E. 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.
- F. When the individual is under two (2) years of age.
- G. 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 anaerobic 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.
- H. 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:

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.*