

**MEDICAL EXEMPTION FORM – FACE COVERING / MASKS
NEW YORK**

OFFICE USE ONLY

PATIENT INFORMATION

This form is to be completed after an assessment of the patient with regard to whether a mask impairs or restricts breathing or oxygenation as provided by federal and state health regulations such that a mask should not be worn or whether there is any other recognized medical condition that would prevent the patient from wearing a mask.

Last Name	First Name	Gender	DOB (Year Only)
Address	City	State	Zip Code
(Minors) Parent/Guardian Last Name	(Minors) Parent/Guardian First Name	Phone Number	

TO BE COMPLETED AFTER EXAMINATION

Federal and state law provide for mandatory exemptions to wearing a mask, when applicable, under the Americans with Disabilities Act, state Human Rights Law, and other provisions of law, as well as when provided for under the applicable mask mandate or other applicable health regulations or guidance.

<p>Trouble breathing while wearing a face-covering?</p> <p>The Centers for Disease Control & Prevention (CDC) formal guidance regarding wearing a mask provides that “masks should NOT be worn by ... anyone who has trouble breathing.” https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html</p>	Yes:	No:

<p>Medically tolerate a face-covering?</p> <p>Executive Order 202.17 issued by Governor Andrew M. Cuomo: face mask covering requirement only applies to those that are “able to medically tolerate a face-covering.” https://www.governor.ny.gov/news/no-20217-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency</p>	Yes:	No:

Signature	Date ___ / ___ / ___	SURVEY USE	Ic1NY
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APPROVED:	DISAPPROVED:	Comments:	
		Date Reviewed: ___ / ___ / ___	Evaluation Code
		DYBICR:	