

To Whom It May Concern,

Please consider this as documentation supporting a Medical Mask

Exemption for _____, DOB: _____

I've personally evaluated this patient in order to make this determination. I'm aware that Central District Health does not require formal documentation or explanation under Section 4, Subsection B(b) which states,

"Facial coverings are not required to be worn [by] Persons with medical conditions, mental health condition, or disability that prevent them from wearing a face covering. A person is not required to provide documentation demonstrating that the person cannot tolerate wearing a face covering."

I am a currently licensed medical provider as defined in Idaho Statute, Title 54, Professions, Vocations and Businesses.

Sincerely,