<DATE>

<NAME>

<ADDRESS>

<CITY, ST, ZIP>

To Whom It May Concern,

Please consider this as documentation supporting a Medical Mask Exemption for <Patient Name>, DOB <Date of Birth> per the policy of the West Ada School District, effective immediately.

I’ve personally evaluated <Patient Name> in order to make this determination. I’m aware that no further explanation is required per Central District Health:

"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,

<PROVIDER NAME>

<LICENSED VOCATION>