



Chelan-Douglas Health District
www.cdhd.wa.gov
 (509) 886-6400



Grant County Health District
www.granthealth.org
 (509) 766-7960



Okanogan County Public Health
www.okanogancounty.org/ocph
 (509) 422-7140



Kittitas County Public Health Department
www.co.kittitas.wa.us/health/
 (509) 933-8315

Region 7 COVID-19 Face Mask/Cloth Face Covering Waiver Request Form

As a result of the COVID-19 pandemic, the use of face masks or cloth face coverings is required at all Region 7 school districts. District employees and/or students may request a waiver to this requirement from their healthcare practitioner. All waiver requests will be reviewed and either approved or denied by the Health Officer of the appropriate county.

Requestor

First Name: _____ Last Name: _____ DOB: _____

Health Care Practitioner Declaration

I declare that use of face mask or a cloth face covering is not advisable for this requestor. I have discussed the benefits and risks of face masks/cloth face coverings with the requestor (or parent/guardian) as a condition for requesting this waiver. I have either identified an alternative droplet retention method or no alternative method/exclusion.

1. Medical Diagnosis (Required) _____
 Additional Details: _____
2. Alternative Droplet Retention Method (Required): _____
 _____ OR No Alternative. Recommend Exclusion.

I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State and the information on this form is complete and accurate.

 Licensed Health Care Practitioner Name (print) Licensed Health Care Practitioner Signature Date

MD ND DO ARNP PA Washington License # _____

Cell phone where Health Officer may reach you: _____

Health Officer Review

I have reviewed the request and the recommended alternative. Approve Waiver Deny Waiver

Additional Detail: _____

 Health Officer Name (print) Health Officer Signature Date

Washington License # _____