

**Odessa College Office of Disability Services**

**Face Mask Exemption Waiver**

Name \_\_\_\_\_

Date \_\_\_\_\_

ID # \_\_\_\_\_

Per the Odessa College policy currently in accordance with the statewide order for individuals to wear face coverings to cover nose and mouth in public places, students have the opportunity to note any needed exception with proper documentation.

- 1- Do you have a medical condition or other recognized issue that will cause you not to be able to wear a face covering over the nose and mouth, while on campus or extensions sites? \_\_\_\_\_
- 2- What is the reason for your exception to the face covering order?  
\_\_\_\_\_
- 3- Do you have proper documentation from a professional explaining your face covering exception? \_\_\_\_\_  
\_\_\_\_\_

Documentation provided is kept confidential and handled as such here.

*While this process is being completed the student will have the option to conduct business/attend classes virtually or face shield. This process will need to be reviewed every semester or as needed.*

**Office Use**

Name \_\_\_\_\_

\_\_\_ Student

\_\_\_ Employee

Has documentation been provided? \_\_\_\_\_

Have instructors/department office been notified? \_\_\_\_\_

Type of visual notification of exception \_\_\_\_\_

Additional comments \_\_\_\_\_