

UC SANTA BARBARA

Provider Verification for Disability-Based Face Covering Exception

To be completed by the student's **current treating medical provider**.

Current UCSB campus policy reads as follows: “Effective immediately, all faculty, staff members, students, and visitors to campus are required to wear face masks in all shared indoor spaces. The mandate, the result of a sudden increase in the number of COVID-19 cases on campus and in the broader community that is driven by the far more contagious Delta variant, is based on analyses and discussions by campus medical experts and the COVID-19 Response Working Group. The mandate also comes in the wake of a revised recommendation by the [Centers for Disease Control and Prevention](#) that everyone, regardless of vaccination status, wears a mask in public indoor settings in areas of substantial or high transmission, which includes Santa Barbara County. More information can be found in the Chancellor’s [COVID-19 Update: Masking Required Indoors on Campus](#). The following is from [UCOP Covid Preventions Strategies Fall 2021](#):

- Locations are required to follow the Cal/OSHA COVID-19 Emergency Temporary Standard (ETS) for the use of face coverings during an outbreak and CDPH guidance for the use of face coverings in certain settings, including healthcare settings, public transit, indoor youth settings, and mega-events.
- Per Cal/OSHA, a “face covering” is a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers. A face covering has no visible holes or openings and must cover the nose and mouth. A face covering DOES NOT include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or a single layer of fabric.
- Based on CDC guidance, face coverings are required in indoor settings regardless of vaccination status in counties of high or substantial community transmission. State/local public health departments may issue more restrictive guidance; locations in those jurisdictions should follow whichever criteria are more restrictive.”

[This form is intended as a means for the mask exemption committee to adjudicate student requests for an exception to the aforementioned policy based on disability reasons.](#)

SECTION I: DIAGNOSIS

Instructions: Please answer the following questions completely :

Today's date: _____ Student's name: _____

How long have you been treating this student? _____

Date of your last evaluation of student: _____

What is the student's diagnosis or diagnoses for which they are making this appeal?

(Please include DSM 5 or ICD 10 diagnosis, if applicable) _____

What tests or measures were used to assess the student and determine the diagnosis?

Date of your initial diagnosis: _____

What is the anticipated duration of the condition? _____

What are the student's current functional limitations attributed to their condition(s) that preclude using a face mask? Check all that apply:

- Ambulation
- Hearing
- Cognitive Processing
- Emotional
- Motor Function
- Vision
- Social
- Other: _____

If required, can the student wear a mask in an indoor setting such as a classroom for the expected duration of the event (1-3 hours) without impact? ____

If not, what is the maximum amount of time a student can wear a mask before experiencing impact? _____

If a traditional face covering is not indicated due to condition, please describe the functional limitations that prevent the student from using a combination face shield with attached chin/neck covering such as the one provided below: _____



SECTION II: FUNCTIONAL LIMITATIONS

Describe how these functional limitations affect the student's ability to use a face mask while on campus. _____

The severity of the condition (check only one):

Mild

Substantial

Moderate

Severe

Is the severity level anticipated to be the same if the student uses a face shield with a chin strap? _____

Based on the overall severity of the condition, have you and the student discussed taking an educational leave of absence? _____

Does the diagnosis prevent the student from receiving a COVID-19 vaccine?

Yes

No

If yes, please explain why: _____

Does the diagnosis require the student to remain quarantined or socially isolated due to COVID-19?

Yes

No

If yes, please explain how the student's disability creates a significant barrier to their full and meaningful participation in an on-campus experience wearing a face mask.

Note:

For students with *CDC-recognized COVID-high-risk conditions* (e.g., respiratory or pulmonary conditions.), the description should include a comprehensive assessment of the student's health risks for being on campus, considering:

- The student's unique medical profile
- The latest information on vaccine efficacy
- The university's safety practices.

For students without high-risk conditions (e.g., mental health conditions): The description should explain how their disability will disproportionately affect them compared to their peers and should not wearing a mask be the only viable option for them. This impact must go beyond the typical stress or nervousness that most people are expected to feel in readjusting to an in-person experience.

If quarantine or social isolation is advised, are there measures that can be put in place to mitigate concerns when the student must be in the presence of others? Please specify the nature and effectiveness of these measures.

Please note any additional comments or concerns that would be helpful to know in evaluating the student's request.

Signature Acknowledgments:

[According to ADA Title III, Section 36.208](#) (Direct Threat), your signature acknowledges:

- A) The face-covering exemption does not pose a direct threat or significant risk to the health or safety of others.
- B) The strategies mentioned earlier, such as leave of absence, remote instruction, face coverings with shield & chin straps, or the ability to leave class and manage symptoms via modification such as flexible participation, are not sufficient to mitigate the student's impact.
- C) Based on your current medical knowledge or the best available objective evidence, you have considered and determined that the nature, duration, and severity of the risk; as well as the probability that the potential injury will occur (to the student or others) outweighs the use of a face covering.
- D) You affirm that no other reasonable modifications of policies are viable.

SECTION III: PROVIDER INFORMATION

Medical providers must be licensed practitioners in appropriate disciplines to make this determination.

Name of medical/mental health professional: _____

Title and license number of medical/mental health professional: _____

Address of medical/mental health professional:

Phone number: _____

Fax Number: _____

Email (if you use email for contact): _____

X

Date: _____