



# Laurel Highlands School District

304 Bailey Avenue, Uniontown, Pennsylvania 15401  
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**Jesse T. Wallace, III, D.Ed.**  
**Superintendent**

**Gregory S. Hensh, C.P.A.**  
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**Lori DiCenzo, M.S.**  
*Director of Special Education  
and Pupil Personnel Services*

**Randy L. Miller, M.Ed.**  
*Director of Curriculum*

**Jason Johns, M.Ed**  
*Director of Federal  
Programs/Assistant  
Curriculum/  
Food Service Director*

**Richard Barron**  
*Chief of Police/Security  
Attendance Officer/Discipline Review  
Transportation Director*

**Nick Gulino**  
*Director of Buildings & Grounds*

## Medical Excusal for Mask Exemption

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

School Building: \_\_\_\_\_

Grade: \_\_\_\_\_

IEP \_\_\_\_ or 504 \_\_\_\_ Regular Ed \_\_\_\_

Medical condition warranting mask exemption: \_\_\_\_\_  
\_\_\_\_\_

Is a face shield in lieu of a mask a reasonable accommodation? \_\_\_\_ Yes \_\_\_\_ No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_

Physician Office: \_\_\_\_\_

Physician Office Address: \_\_\_\_\_

Physician Office Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_