



Employee Medical/Disability Exemption from Masks/Surveillance Testing

To request an exemption from required masks mandates or surveillance testing please complete section 1 below and have your medical provider complete section 2 before returning this form to the Personnel department.

Section 1

Name (print):	Date:
Dept.:	Position:

I am requesting a medical/disability exemption for:

I verify that the information I am submitting to substantiate my request for exemption is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

Employee Signature:	Date:
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Section 2

Medical/Disability Certification for Mask/Surveillance Testing Exemption

Employee Name: _____

Dear Medical Provider,

The individual named above is seeking an exemption due to medical contraindications.

Please complete this form to assist in the reasonable GMCS accommodation process.

The person named above should not be required to wear a mask due to:
This exemption should be: <input type="checkbox"/> Temporary, expiring on: __/__/__, or when _____ <input type="checkbox"/> Permanent



**GALLUP-McKINLEY
COUNTY SCHOOLS**

The person named above should not be required to Surveillance test due to:

This exemption should be:

- Temporary, expiring on: __/__/____, or when _____
- Permanent

I certify the above information to be true and accurate, and request exemption for the above-named individual.

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:

HR USE ONLY

Date of initial request: __/__/____ Date certification received: __/__/____

Accommodation request:

- Approved __/__/____
Describe specific accommodation details:

- Denied __/__/____
Describe why accommodation is denied:

Please send completed form to K'Dawn Montano kmontano@gmcs.org