



AFFIDAVIT

Exemption from Masking

To receive an exemption from Texas Governor's Executive Order 29, related to the use of face coverings during the COVID-19 disaster, a signed affidavit must be submitted for each individual and is only valid for the individual named below in section A. This form is only valid for one year from the date of physician signature. The affidavit is not valid if photocopied.

(A) Individual's Full Name

First	Middle	Last	Date of Birth
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(B) In my medical opinion, it is not advised for the patient stated above to wear a mask due to the following high-risk medical condition:

(C) I understand that the risk of not wearing a mask may put my child/self/others at risk of COVID-19 transmission. I further understand that my child/self may be excluded from in school attendance and/or quarantined in the event of close contact with a COVID-19 positive patient or outbreak.

I certify that I am the parent or legal guardian of the above-named child or am signing for myself as an adult and that the information provided here is true and correct.

Signature of Parent or Legal Guardian/Self (if an adult)	Date
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Signature of Physician or Provider	Date
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Physician/Provider Address and Phone Number