



Access and Inclusion Services

Mask Exemption Accommodation Request

This student may be enrolled in in-person classes, labs, practicum and/or clinical settings where physical distancing is not possible.

In special circumstances students may be considered for a mask exemption while attending in-person activities. To be considered for a mask exemption, the student's disability or medical condition must be clearly connected to the requirement for a mask exemption. A mask exemption may not be possible in all situations, and it may depend on public health guidelines and/or specific agency or MRU requirements.

All relevant sections must be completed by the appropriate certifying professional - physician, nurse practitioner or psychologist)

SECTION 1 – Personal Information – Please print

Name of Student: (Last) _____ (First) _____ (Middle Initial) _____

Date client entered your care for the disability documented here (day/month/year) _____ / _____ / _____

Client's Date of Birth (day/month/year) _____ / _____ / _____

SECTION 2 – Documentation of Disability

- 1) Does this student experience a significant disability or medical condition that prevents them from being able to wear a mask while performing in-person activities?

YES NO

If yes, are there limitations to the length of time or other constraints to be considered with respect to mask wearing?

- 2) Does this student's disability or medical condition prevent them from being able to wear a face shield?

YES NO

If yes, explain why a face shield cannot be worn.

Please provide detailed information about how the student's disability or medical condition necessitates a mask exemption (what is the direct link between the student's disability or medical condition and them not being able to wear a mask or face shield?) Please provide as much detail as possible. Should the information provided not be sufficient, the student may not be granted a mask exemption.

SECTION 3 – Certifying Professional Information

By signing below, I confirm that I am one of the following authorized health professionals:

Physician ___ Nurse Practitioner ___ Psychologist ___

Name of Certifying Professional _____

Registration / Certificate # _____

Clinic / Agency Name _____

Address _____

City _____ Prov _____ PC _____

Phone _____ Fax _____ Email _____

Signature _____

Date Signed _____ (day/month/year)

Freedom of Information and Protection of Privacy

The personal information that you provide to Mount Royal University is collected under the authority of the Post- Secondary Learning Act and the Freedom of Information and Protection of Privacy (FOIP) act - Section 33(c). The information will be used for the purpose of determining accommodations. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the FOIP Act and can be reviewed upon request subject to the provisions under the Act.

Questions regarding the collection of personal information can be directed to Access and Inclusion Services

Phone: 403-440-6868 Fax: 403-440-7255 Email: accessibility@mtroyal.ca

Accommodation for Mask exemption request instructions:

This form is to accompany a request for mask exemption. It is understood by all parties concerned that this information will be kept strictly confidential, and will not be used for any other purpose.

Instructions for Student:

- The MRU Access and Inclusion Services Mask Exemption Request form is the only type of documentation that will be accepted for consideration of a mask exemption.
1. It is the student's responsibility to have the MRU Access and Inclusion Services Mask Exemption Request form completed by one of the professionals listed on the form.
 2. Submit a ["public request" form](#) on the Access and Inclusion website and upload the completed "Mask Exemption Request form"
 3. An Access Advisor will review the form and contact you if further information is required.
 4. If your request is accepted, you will receive an email with your accommodation letter.
 5. Arrange a meeting with each of your instructors, give them your accommodation letter, and determine how the accommodation will be implemented in the classroom. It is possible that seating arrangements will be made to separate you from other students.
 6. It is your responsibility to keep a copy of the accommodation letter with you at all times.
 7. If you do not feel that your request for accommodation has been dealt with appropriately, you may take the matter forward to the Dean (or designate) within five (5) days of receipt of the decision from your instructor.

Instructions for the Instructor:

1. Your student will have submitted documentation to Access and Inclusion Services to substantiate their request for a mask exemption.
2. If the documentation is approved, an accommodation letter will be created and sent to the student.
3. The student will request a meeting to discuss the accommodation.
4. According to Policy 517, the "student's accommodation shall not be disrupted during an appeal process". The recommended academic accommodation must be in place during the entire appeal process. The appeal process is outlined in the Policy 517 Guidelines, section 4.5. [Information for Faculty](#)