



Request for Mask Exemption for: _____
(First and Last Name)

- I understand that CMOH Order 32-2021 requires masks on public transportation for all individuals over the age of 2.
- I understand that Public Health has indicated non-medical masks play a significant role in reducing community spread and transmission of COVID-19.
- I understand that it is important to comply with other personal preventative health measures such as physical distancing and frequent hand-washing.

I _____ acknowledge that I require a mask exemption
(First and Last Name)

for _____ knowing the above information.
(School or Location)

Signature: _____ Date: _____