

**Certificate of Face Covering Exemption**  
**Religious Exemption**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A religious exemption may be granted to an applicant only if wearing a face covering conflicts with a genuine and sincere religious belief. A Certificate of Face Covering Exemption for religious reasons shall be signed by the applicant or, if the applicant is a minor, by the parent or guardian or legally authorized representative. By signing this certificate, you are attesting that wearing a face covering conflicts with a genuine and sincere religious belief and that the belief is in fact religious, and not based merely on philosophical, scientific, moral, personal, or medical opposition to face coverings. The Certificate of Face Covering Exemption for religious reasons is valid only when notarized. The child granted the exemption is subject to the same quarantine and other disease prevention measures recommended by public health services and implemented by the school district.

By signing this form, I acknowledge the following:

Failure to wear the required face covering could increase the risk to my child and others of contracting, carrying, and spreading COVID-19; and

There are children with special health needs attending schools and child care who are unable to wear a face covering for medical reasons or who are at a heightened risk of contracting COVID-19.

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

Applicant, Parent or Guardian

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

State of Iowa, Warren County

This instrument was acknowledged before me on

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

by

Name(s) of Person(s)

\_\_\_\_\_  
Signature of Notary Public: \_\_\_\_\_ Stamp or Seal

\*This form is adapted from Iowa Department of Health Religious Exemption from Vaccination

\*\* Physical distancing guidelines will need to be strictly observed.

