



Face Coverings Bylaw 1013-20
Face Coverings Exemption Application

Instructions:

Applicant: Please complete all required fields under the “Applicant” portion of this form. Bring this form to your preferred medical clinic and have the attending Physician complete the “Physician” portion. Once this form has been completed in its entirety, you will be required to submit it to the Town of High Level. You can choose to scan and email the completed form to masks@highlevel.ca or submit it in person at the Town Office – 10511-103 Street. ***When personally delivering the application, please ask for the Health and Safety Coordinator.***

Physician: Please complete all required fields under the “Physician” portion of this form and submit **ONLY** to the applicant listed on this application.

APPLICANT

Name: _____ Date of Application: _____

Preferred Contact Telephone Number(s): _____

Please indicate how you would like to obtain your Exemption Card:

I would like to personally pick up my Exemption Card from the Town Office

I would like to have my Exemption Card mailed to me using Registered Mail at the following address:

House/Apt/P.O. BOX Number: _____

Street: _____

Town: _____

Postal Code: _____

Applicant Signature: _____

PHYSICIAN

Name: _____ Date of Visit: _____

As per your medical professional opinion, does the applicant have any documented or demonstrated conditions that prohibit them from safely and effectively wearing a face covering such as non-medical, procedural, or cloth mask?

No, there is no medical reasoning to prohibit the applicant from safely and effectively wearing a face covering

Yes, the applicant should be exempt from wearing a face covering based on a known pre-existing condition

Physician Signature: _____

Town Use Only: If the above application is complete and applicant is exempt issue Exemption Card # _____