

Procedural Mask Exemption Accommodation Request Form for Students

Access Centre for Students with Disabilities

Stude	nt Information				
		Last Name:			
		Date of Birth (DD/MM/YY):			
they a	•	community are asked to wear a procedural mask when overnment of Quebec, the following conditions are			
Please	tick off those that apply to the stu	dent as indicated above:			
	Health condition that prevents the	em from wearing a procedural mask			
	Physical disability that prevents them from putting on or removing the procedural mask independently.				
	Facial deformity that prevents them from wearing a procedural mask.				
	Cognitive impairment, an intellectual disability, an autism spectrum disorder, an addiction problem or a severe mental health problem, where they are unable to understand the requirement or wearing a procedural mask causes significant disorganization or distress.				
	Severe skin condition on the face procedural mask.	or ears that is significantly aggravated by wearing a			
Is the	student's medical condition consid	ered:			
□ Tem	porary (please indicate # of months):			
Is the s □ Yes	student able to wear a visor in lieu □ No	of a procedural mask?			
Other	relevant information (optional):				
(Conti	nued on page 2)				

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Physician's Information	Ph
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First Name:	La	st Name:
Signature:	License #:	Date (DD/MM/YY):
Phone number:	Address:	
Students must submit the	completed form to acso	d.intake@concordia.ca

¹ https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/mask-or-face-covering/wearinga-face-covering-in-public-settings-covid-19