

LSU
Office of Civil Rights & Title IX

**COVID Testing and/or Masking Exemption
Student Form**

The purpose of this form is to assist the Office of Civil Rights and Title IX in determining whether a reasonable accommodation is required for a student with medical condition or a sincerely held religious belief. You will be notified via LSU email if additional information is required or there is any issue that prevents you from receiving an exemption.

STUDENT INFORMATION	
Name:	Email:
LSU ID Number:	Telephone:
Address:	
BASIS FOR ACCOMMODATION	
<ul style="list-style-type: none"><input type="radio"/> Medical I am medically unable to wear a mask and/or subject to COVID Testing, as documented and supported by my physician certification below.<input type="radio"/> Religious Please describe the nature of your religious accommodation request and the basis for your sincerely held religious belief. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
PHYSICIAN'S CERTIFICATION	
<p>A physician must certify by letter the student is medically unable to engage in masking or testing (PRC or rapid methods). The letter must include the nature of the condition and rationale for the recommendation on precluding testing and/or masking. It must also indicate for which requirement, testing or masking, the physician is recommending accommodation.</p> <p>Requests will not be reviewed or approved until such documentation is received and approved by the Office of Civil Rights and Title IX. Official response will be sent to the student's LSU email address.</p>	
SIGNATURE	
Student:	Date:
Guardian/Parent if under 18:	