

Apex High School Athletic Training Policy for Mask Exemption

The NCHSAA released a new form on 1 / /2020 for exemptions of the COVID 19 Mandatory Cloth Face Covering requirement. As stated on the form, "This exemption is to be used for the sole purpose of protecting the individual from exacerbating a pre-existing medical condition and is, under no circumstance, to be used to gain an unfair advantage over an opponent."

The form may be signed off by a Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant, or Licensed Nurse Practitioner.

Apex High School Athletic Training has adopted the following policy when considering an athlete for exemption during participation in athletics.

1. The athlete must have a diagnosed and documented pre-existing medical condition
 - a. Diagnosis should be listed on the Pre-participation Health History
2. The athlete must have a written action plan for said condition
3. The athlete must be actively compliant with said action plan
 - a. Compliance may include timed use of medication (i.e asthma inhaler), having appropriate medication or equipment readily available, etc.

The Licensed Athletic Trainer reserves the right to withdraw their approval of this form if the athlete is non-compliant in COVID regulations, especially appropriate social distancing, and will not be held liable for the athlete's lack of compliance. The Licensed Athletic Trainer will notify the Athletic Director and the parent if circumstances arise where he/she must make the decision to withdraw approval and will document it on the NCHSAA form.

The Licensed Athletic Trainer will not override a Primary Care Physician's recommendations for mask usage. If the Primary Care Physician does not approve exemption, the Licensed Athletic Trainer can work with the athlete to create an appropriate plan or modified action plan for athletic participation. This may include, but is not limited to, education on breathing techniques, choosing appropriate mask style and fit, taking appropriate mask breaks, developing a mask acclimatization plan.



AUTHORIZATION FOR AN EXEMPTION TO MANDATORY CLOTH FACE COVERING REQUIREMENT

- The CDC states, “Wearing masks may be difficult for some people with sensory, cognitive, or behavioral issues. If they are unable to wear a mask properly or cannot tolerate a mask, they should not wear one, and [adaptations and alternatives](#) should be considered.”
- To be exempt from the mandatory face covering requirement, the student-athlete (SA) must have a diagnosed and/or documented pre-existing medical condition that prevents the SA from wearing a mask. Diagnosis should be listed on the PPE or, if diagnosed subsequent to the PPE, documented by one of the following Licensed Health Care Providers: Licensed Physician (MD/DO), Licensed Physician Assistant, Licensed Nurse Practitioner.
- The SA who cannot tolerate a mask must have a written action plan for said condition.
- The SA who cannot tolerate a mask must be actively compliant with said action plan. Compliance may include timed use of medication (e.g. asthma inhaler) and/or having appropriate medicine or equipment readily available for use.
- The SA who cannot tolerate a mask should comply with mask mandate when off the playing area.
- **Note:** Form is required and must be on file at the school but does NOT require NCHSAA approval.

Student-Athlete*
 Coach
 Support Staff
 Game Official

Name: _____

School: _____

Qualifying medical condition(s) that prohibit individual from wearing a mask: _____

Sport(s): _____

*** Classification: _____ Grade: _____ Age: _____ Uniform Number: _____**

The above named individual is permitted to participate/attend indoor skill development, practice, or competition without the wearing of a mandatory cloth face covering. This exemption is to be used for the sole purpose of protecting the individual from exacerbating a pre-existing medical condition and is, under no circumstance, to be used to gain an unfair advantage over an opponent.

Signature: _____ Date: _____

Licensed Physician (MD/DO), Licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Athletic Trainer (LAT) (Please Circle)

(NOTE: the NCHSAA STRONGLY RECOMMENDS that the LAT consult with the MD/DO that signed your Protocol prior to you signing this waiver.)

Office Address: _____

Phone: _____

*Parent/Legal Custodian Signature: _____ Date: _____

Address: _____

Phone: _____