



ST. CLAIR COUNTY HEALTH DEPARTMENT

Our Community. Our Environment.

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F 810.987.0651

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P 810.987.8222
F 810.966.2898

Dear Healthcare Provider:

We understand that as a local physician you have the duty and responsibility to provide medical services to your patients on a day to day basis. In light of the current public health emergency that has been declared in our state and across the county colliding with the efforts by local public school districts to begin the school year, we are truly in an unprecedented and fluid time for all of us.

Many of you are being asked to counsel and provide individual patients with a plan to return to either their workplace or school. As you know, the public health requirement to wear masks as part of an overall mitigation of the virus' spread is the current law and expectation, with very few exceptions. In the event that you have a patient who has an existing medical condition that prevents them from wearing a mask in an otherwise mandatory setting, you will need to provide such a certification letter to the district, which will be shared with the St. Clair County Public Health Department. In order for the patient's medical waiver to be approved, the medical conditions that limit mask-wearing must identify the specific medical condition that precludes mask-wearing, the length of time a mask can be continuously worn before requiring a break, and also what indicators will be considered in lifting the specific restriction.

Please be aware that a student/staff member that cannot tolerate a required mask may be required to comply with other preventative and mitigating measures to ensure others sharing the same school or workplace are not subjected to increased risk of infection. These measures may include physical separation from others as well as other modes of instruction. For employees, the inability to perform the essential functions of their employment will require a leave of absence.

We appreciate all that you do to keep members of the community safe. As always, feel free to contact me with questions, concerns, or information.

Best Regards,

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Medical Health Officer
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Reviewed: September 4, 2020



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Face Covering Exemption Form**

Student/School Staff Name: _____
Date of Birth: _____ School Name: _____

The above-named individual **cannot** medically tolerate a face covering due to the following medical condition*:

_____ Medical condition that causes trouble breathing

_____ Medical condition that makes them unable to remove the cloth face covering without assistance

_____ has neither of the above contraindications to mask use

If unable to medically tolerate a face covering, this student/staff member **is able** to use a face shield

_____ Yes

_____ No

_____ Individual can wear a mask with breaks every _____ min/hrs.

Estimated duration of exemption and/or conditions than these exemptions could be lifted: _____

Healthcare provider name: _____

Signature: _____

Date: _____ Phone Number: _____

*This list of acceptable conditions along with the guidance for schools to require this documentation from a medical professional has been provided by the state of Michigan and can be found at https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-535121--00.html .

** The St Clair County Health Department and other public health experts strongly encourage face coverings to reduce the transmission of SARS-Cov2, the virus that causes COVID19. Failure to wear a mask will result in an increased risk of spreading or acquiring infection, including the complications of COVID-19 related infections including death. Alternative risk reduction strategies will also be implied by this waiver including environmental restrictions and remote learning.