



MASK EXEMPTION REQUEST AND PROCESS

Section I: Contact Information		
Name:		
Address:		
Telephone 1:	Telephone 2:	Email:
If you need an accessible format or assistance completing this form, contact: 888-678-2871 • TTY/TDD 831-393-8111 • 711 Relay • customerservice@mst.org		
Section II: Disability Statement		
Are you unable to wear a mask due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section III: Process for Mask Exemption		
<p>Before you will be allowed to ride on an MST bus without a mask, you must provide MST with documentation from your physician or other licensed medical provider confirming your disability status and the functional limitations that make it dangerous or impossible for you to wear a mask.</p> <p>If MST approves your request, you will be issued a Mask Exemption Card that you will be required to provide to the MST bus driver or other authorized MST employee upon boarding the bus.</p> <p>Please follow the instructions below to request a Mask Exemption Card:</p> <ol style="list-style-type: none"> 1. Complete the top portion of this page. 2. Ask your physician or other licensed medical provider to complete the Mask Exemption Form on the back of this page. 3. The Mask Exemption Form must be completed in its entirety and signed by your physician or other licensed medical provider before your request will be evaluated. 4. When Steps 1, 2, and 3 have been completed, submit both sides of this document to MST's Civil Rights Officer for review and approval at one of the contact options below. 5. You will receive notification of your approval along with your Mask Exemption Card within 7 working days of receipt of your request. <p style="text-align: center;">Mail or deliver your completed Mask Exemption Form to:</p> <p style="text-align: center;">Monterey-Salinas Transit Attn: Civil Rights Officer / Mask Exemption 19 Upper Ragsdale Dr., Suite 200 Monterey, CA 93940</p> <p style="text-align: center;">You may also email your completed Mask Exemption Form to: CRO@mst.org</p> <p><i>TSA Security Directive 1582/84-21-01 / CDC Order Section 361 42 U.S.C 264(a) / 42 CFR 70.2, 71.31(b), 71.32(b)</i></p>		



888-678-2871 / Free language assistance / Asistencia de Lenguaje Gratuito /
Libreng tulong para sa wika / Hỗ trợ ngôn ngữ miễn phí / 무료 언어 지원

MASK EXEMPTION REQUEST FORM

TO BE COMPLETED BY PATIENT'S PHYSICIAN OR LICENSED MEDICAL PROFESSIONAL		
PHYSICIAN NAME:	PATIENT NAME:	
OFFICE NAME:		
OFFICE ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	FAX:	EMAIL:
PHYSICIAN'S OR LICENSED MEDICAL PROFESSIONAL'S EVALUATION		
THE PATIENT'S DISABILITY CREATES THE FOLLOWING FUNCTIONAL LIMITATIONS THAT MAKE IT DANGEROUS OR IMPOSSIBLE FOR THE PATIENT TO WEAR A MASK:		
Federal regulations allow for limited medical exclusions that make it dangerous or impossible for the patient to wear a mask. Exclusions that do not meet these criteria may not be accepted.		
<input type="checkbox"/> Cognitive impairment causing inability to understand how to wear or remove a mask		
<input type="checkbox"/> Dexterity or mobility impairments causing inability to wear or remove a mask		
<input type="checkbox"/> Language disorders resulting in inability to request assistance with mask placement or removal		
<input type="checkbox"/> Patient must use alternative access controls to operate a wheelchair		
<input type="checkbox"/> Other. please describe:		
PHYSICIAN'S SIGNATURE	DATE OF EVALUATION	
Please ensure both sides of this form are completed and returned per the instructions on the other side of this form, including your physician's signature and date of evaluation.		
<i>This form and all information related to this request, including the identity of the requesting employee and/or his/her physical or mental limitation(s) as identified on this form is strictly confidential.</i>		
<i>This form may not be saved or reproduced by, shared with, or distributed to anyone except the Human Resources Department and/or the Civil Rights Office.</i>		