



OFFICE OF DISABILITY SERVICES
College Drive • P.O. Box 2001
Toms River, NJ 08754-2001
PHONE 732-255-0456 • FAX 732-864-3860
TTY & VOICE RELAY 711

STUDENT APPLICATION FOR MEDICAL EXEMPTION FROM MANDATORY MASK OR FACE COVERING

INSTRUCTIONS

- 1. This form must be completed by any student requesting a waiver from the college requirement for mandatory mask or face covering.
2. The request of a waiver may only be made on medical grounds as an individual with a disability or as regarded as having a disability under the Americans with Disabilities Act of 1990 (ADA), as amended by the Americans with Disabilities Act Amendments Act of 2008 (ADAAA).
3. Students not registered with the Office of Disability Services must initiate a request for accommodations online at go.ocean.edu/intake.
4. Students must submit the completed application for exemption form for review through the secure online portal go.ocean.edu/upload (preferred), via email accommodations@ocean.edu or fax 732-864-3860.
5. If approved for exemption from mandatory mask or face covering, the Office of Disability Services will issue an Accommodation Notification form to the student within 5 business days.
6. Direct all questions or inquiries to accommodations@ocean.edu.

Related Policies

- 1. This form is valid only for request to exemption to mandatory mask or face covering.
2. A waiver, if granted, will be applicable for one academic year. A new waiver request must be submitted for each subsequent academic year (or upon expiration date). Ocean County College may need additional information/request resubmission at any time.

OCC Student ID \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Last First MI

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ OCC student email \_\_\_\_\_

The following must completed by a licensed physician or nurse practitioner familiar with treating the student. This documentation requires the expertise of a physician or other medical professional with experience and expertise in the area for which the accommodation is being requested. This professional must be an impartial individual who is not a family member of the student.

Mandatory mask or face covering is medically contraindicated until (date) \_\_\_\_\_

The patient has the following CDC contraindication(s) to mandatory mask wearing or face covering:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**An incomplete or unsigned form will not be processed.**

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Signature of student \_\_\_\_\_ Date \_\_\_\_\_

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Signature of parent/guardian if student is under age 18 \_\_\_\_\_ Date \_\_\_\_\_

Medical provider's name (print) \_\_\_\_\_

Medical provider's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical provider's phone # \_\_\_\_\_ Medical provider's email \_\_\_\_\_

State of licensure \_\_\_\_\_ License # \_\_\_\_\_

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Medical provider's signature \_\_\_\_\_ Date \_\_\_\_\_

**Office stamp of medical provider (required):**

**Submit the completed form to the Office of Disability Services using one of the methods below:**

Secure upload (preferred): [go.ocean.edu/upload](https://go.ocean.edu/upload)

Email: [accommodations@ocean.edu](mailto:accommodations@ocean.edu)

Fax: 732-864-3860

All documentation is kept confidential. Inadequate information, incomplete answers, and/or illegible handwriting will delay the eligibility review process.