



Disability Related Mask Exemption Request

Date of Request: _____

Personal Information

Name: _____ Phone Number: _____

Address: _____

City: _____ Zip Code: _____

Please indicate the nature of your disability and provide a brief description of how your disability prevents you from wearing a mask

Medical Professional Certifying Disability-Related Exemption

Name: _____ Medical License Number: _____

Title of Medical Professional Certifying Exemption: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Statement from Medical Professional Required

Attach a statement signed by your medical professional certifying a disability-related exemption. Statement must be on Medical Professional's letterhead indicating Medical Professional's Name, Title, and License Number. Statement must clearly state how the disability prevents you from safely wearing a mask. Exemptions will not be granted based solely on medical diagnosis. Exemption Requests that do not include a clear explanation of how your disability prevents you from wearing a mask and/or certification from a medical professional will not be processed.

Submitting Disability Related Mask Exemption Request Form & Statement from Medical Professional

Completed requests should be returned to the BRTA ADA Coordinator via fax, mail, or in person:

- Fax: (413) 443-3971
- Mailing Address: BRTA- ADA Coordinator, 1Columbus Avenue, Suite 201, Pittsfield, MA 01201