

I AM EXEMPT FROM WEARING A FACIAL COVERING

This is a notice to inform that I am **exempt from any ordinance requiring wearing a facial covering**. Wearing a facial covering poses a **physical and/or mental health risk to me** as a result of my **disability / medical / mental health condition**.

Under The American's with Disabilities Act (ADA), Title III, I am not required to disclose any of my medical conditions or health information to anyone.

"Title III prohibits discrimination on the basis of disability in the activities of places of public accommodations (businesses that are generally open to the public and that fall into one of 12 categories listed in the ADA, such as restaurants, movie theaters, schools, day care facilities, recreation facilities, and doctors' offices) and requires newly constructed or altered places of public accommodation—as well as commercial facilities (privately owned, nonresidential facilities such as factories, warehouses, or office buildings)—to comply with the ADA Standards."
ada.gov/ada_title_III.htm

If found in violation of ADA laws, **organizations AND businesses can be fined up to \$75,000 for the first ADA violation, and up to \$150,000 for any subsequent violations.**

ADA.gov (2020)

ADA violations must be filed in writing with The Department of Justice ADA violation department. Get more information at: www.justice.gov/CRT/how-file-complaint

Department of Justice ADA Violation Information Line: (800) 514 – 0301

*Specialists are available Monday, Tuesday, Wednesday, and Friday 9:30am-12:00pm, 3:00pm – 5:30pm, Thursday 2:30pm – 5:30pm.

ADA
Americans with
Disabilities Act

U.S. Department of Justice
950 Pennsylvania Ave, NW
Civil Rights Division
Disability Rights Section – NYA
Washington, D.C. 20530
Fax: (202) 307 – 1197



RECORD OF ADA VIOLATION

BUSINESS NAME: _____ **DATE:** ____/____/____

BUSINESS ADDRESS: _____

EMPLOYEE NAME: _____