

Mask Enforcement Accountability Form

I, _____, am personally responsible for enforcing the
(Mask Enforcer's Name)

mandatory mask policy at _____. I am familiar with the
(Name of Business or School)

potential risks associated with wearing masks or face coverings for prolonged periods. I understand these risks may include:

- Oxygen deprivation
- Immune system interference
- Increased risk of bacterial infections
- Long-term psychological effects
- Interference with developing bodily systems in children
- Inhalation of carcinogenic dyes, chemicals & fibers used in the manufacturing process

I also understand there have been no independent scientific studies on the long-term use of masks. I **personally** believe the benefits outweigh the risks and that it is necessary for _____ to comply with our
(Your Name or Child's Name)

mask policy at this time. I agree to inform my immediate supervisor and/or the above-named person, if my views change on this matter.

(Signature of Mask Enforcer)

(Date)