



CITY OF COLUMBIA

Columbia Police Department



PERSONAL GROOMING GENERAL ORDER EXEMPTION FORM SHAVING WAIVER

THE INFORMATION CONTAINED WITHIN THIS FILE IS CONSIDERED CONFIDENTIAL AND VIEWABLE ONLY BY THOSE PERSONS IN A SUPERVISOR CAPACITY

Employee:	Assignment:
Employee Number:	Commander:
Date of Physician Certification:	Date of Expiration:
Date of Hire:	

A physician certified that the above named employee has a skin condition that is aggravated by shaving. Based on this diagnosis and General Order 3.4 Subsection 14.2 entitled "Skin Conditions Aggravated by Shaving", the employee is exempt under the conditions outlined in the policy. This form expires six months year from date of the waiver.

The above employee when wearing a full beard under this waiver:

1. Will maintain a full beard that does not exceed one eighth to one quarter inch in length based on physician prescribed recommendation while on duty.
2. Will not wear a goatee or other customized beard creations while on duty.
3. Will ensure that a Skin Conditions Aggravated by Shaving Medical Exemption Form is forward to CPD Human Resources and on file.

Employee Signature: _____

Date: _____

Initiating Supervisor Signature: _____

Date: _____

Supervisor Printed Name: _____

Lieutenant Signature: _____

Date: _____

Lieutenant Printed Name: _____

Captain Signature: _____

Date: _____

Captain Printed Name: _____

Bureau Major Signature: _____

Date: _____

Bureau Major Printed Name: _____

Deputy Chief of Police Signature: _____

Date: _____

Chief of Police Signature: _____

Date: _____