

Face Covering Documentation Form

This student is seeking accommodation to the current requirement that all individuals wear a face covering while physical on campus at Anoka-Ramsey Community College or Anoka Technical College. This form must be completed by the medical provider or qualified professional who diagnosed, and or is currently treating, this individual for a condition that substantially limits their ability to breathe while using a common face covering. ****Please note, exemption from wearing a face covering is not an accommodation under the Americans with Disabilities Act as Coronavirus (COVID-19) possess a direct threat to others.*

Student's Name: _____ **Date:** _____

Student's Address: _____

Student's Phone Number: _____

Health Professional's Name & Title: _____

Clinic Name & Address (Please Stamp): _____

Clinic Phone #: _____ **Clinic Fax #:** _____

Health Professional's Signature: _____

*****If available, please attach any relevant information, assessments or evaluations.**

Email: accessibility@anokatech.edu **or**

Mail to: 1355 West Highway 10 Anoka MN, 55303; **Phone:** 763-576-7950 **Fax:** 763-576-7710

1. Assessment of Impairment

A. What is the diagnosis/impairment? (Include DSM V Code) _____

B. Date of diagnosis: _____ Date of last contact: _____

C. Is this individual currently under your care? Yes No

D. Is the impairment temporary (< 6 months) or persistent

Please describe the severity of the condition(s) including specific barriers to wearing a face covering.

2. Recommendations

A. Can this individual wear a face covering in any capacity without serious risk and exacerbation of their condition? Yes No

B. What is the time period for which a face covering can safely be worn? Please explain in detail.

C. In detail, please provide your recommendation for suitable face covering options for this individual including specific accommodation.
