

## 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:** [Michael.Vendittelli@anokatech.edu](mailto:Michael.Vendittelli@anokatech.edu) or

**Mail to:** 1355 West Highway 10 Anoka MN, 55303; **Phone:** 763-576-4073 **Fax:** 763-576-7771

### 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.

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## 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.

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

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