

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 impacts their ability to wear a traditional mask/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: DisabilityServices@anokaramsey.edu or

Mail to: 11200 Mississippi Blvd NW, Coon Rapids, MN 55433-3470; **Phone:** 763 433-1350

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 ? _____

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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.

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