

STUDENT REQUEST FORM FOR REASONABLE FACIAL COVERING ACCOMODATION REGARDING COVID-19 PRECAUTIONS
OF WEARING FACIAL COVERINGS

Instructions: To request a reasonable accommodation due to a medical condition that makes it so you are not able to wear a face mask or covering, please complete the information below. In addition, the health care provider information must be completed by a qualified, licensed health care professional who has made the determination of your medical condition and restriction of being unable to wear a face mask or covering. Please submit the completed form to Student Accessibility Services (SAS). You will be contacted by SAS to schedule a follow-up interactive process meeting.

(additional documentation may be required)

Student Name:

Student ID Number:

SUNY Brockport Email:

Phone number:

Health Care Provider must complete:

1. Describe how the student's specific underlying health may be compromised by wearing a face mask or covering:

2. Do you have any suggestions regarding possible accommodations or recommendations for an alternative face mask or covering that is allowed by the student's medical condition?

Yes No

- a. If yes, what are they?

Clinic Name: _____ Clinic Phone: _____

Clinic Address: _____

Health Provider Name: _____

Health Provider Signature: _____ Date: _____

Student Signature: _____ Date: _____