



Herkimer
THE STATE UNIVERSITY OF NEW YORK

STUDENT REQUEST FORM FOR REASONABLE ACCOMODATION REGARDING COVID-19 PRECAUTIONS FOR HIGH-RISK INDIVIDUALS AND WEARING FACIAL COVERINGS

Instructions: The following information must be completed if you have a medical condition that places you in a high-risk category should you contract the COVID-19 virus AND/OR if you have a medical condition that contraindicates the wearing of a face mask or covering. The health care provider information must be completed by a qualified health care professional who has made the determination of your medical condition. Please mail the completed form to the Dean of Students Office, Herkimer College, 100 Reservoir Rd, Herkimer, NY 13350 or scan/email it to deanofstudents@herkimer.edu.

Name _____ Email _____

Home or Cell Phone _____

Student ID # _____

Health Care Provider must complete:

Do you attest that the upon named individual has an underlying health condition places them in a high-risk category? Yes _____ No _____

Do you attest that the upon named individual has an underlying health condition that may be compromised by wearing a face mask or covering? Yes _____ No _____

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

Yes _____ No _____ If yes, what are they?

Health Provider Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Dean of Student's Signature: _____ Date: _____