REQUEST FOR
COVID-19 RELATED ACCOMMODATION

In light of the recent coronavirus ("COVID-19") pandemic, Community College of Philadelphia has modified its accommodations process for requesting a reasonable accommodation for students at a higher risk of becoming seriously ill from COVID-19, including for older students. The information you provide will be treated as a confidential medical record and used solely for the purpose of discussing your need for accommodation related to COVID-19. After you have returned this form to the Center on Disability, you will be contacted by the Center on Disability or relevant Department Head to discuss your request.

CONTACT INFORMATION

First Name   Last Name

Student ID/J Number

CCP E-mail address   Phone

ACCOMMODATION INFORMATION

Course(s) for which you are requesting COVID-19 related accommodation. Please provide course subject and course number :

After consulting the CDC website, please provide us with the qualifying condition(s), age, impairment(s), and/or disability for which you are seeking COVID-19 related accommodations:

- Older Adult
- Chronic lung disease (COPD/Chronic Obstructive pulmonary disease) or moderate to severe asthma
- Serious heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
- Immunocompromised (Ex. Cancer treatment, smoking, poorly controlled HIV/AIDS, bone marrow or solid organ transplantation, immune deficiencies, and prolonged use of corticosteroids and other immune weakening medications)
- Obesity (body mass index [BMI] of 30 or higher)
- Diabetes
- Chronic kidney disease
- Liver disease
- Sickle cell disease
- Other

What accommodation(s) are you requesting?

- Remote/online class participation
- Additional personal protective equipment (face shield, gloves, etc.)
- Modified program completion plan
- Modified COVID-19 Screening Process
- Excused Withdrawal
- Other

If applicable, please describe any accommodation(s) that you believe would enable you to fulfill the essential learning outcomes of your in-person academic activities.

Length of time you will need these accommodations

To support your request for accommodation for any reason other than age, the Community College of Philadelphia requests that you attach one of the following medical documents as proof that you are a student at higher risk of becoming seriously ill from COVID-19:
a)   A personal medical record
b)   A telemedicine consultation record
c)   Any other documentation verifying that you have a qualifying condition

Please note if you already have medical records on file in support of an accommodation, you may request that the Center on Disability review its existing files from your prior accommodation requests rather than provide new information and documents.

Do you have medical records on file at the Center on Disability in support of prior accommodation requests that you would like us to review in support of your COVID-19 related accommodation?

Yes

No

Please read and acknowledge

By submitting this request for reasonable accommodation, I certify that all of the information provided is true and correct (including any documentation attached) and I hereby release Community College of Philadelphia (the "College") to converse with my health care practitioners concerning my medical condition. I hereby release my health care practitioners to provide any and all information to representatives of the College which is deemed necessary by the College in order to make informed determinations concerning my request for a reasonable accommodation. This may include, but is not limited to, diagnosis, prognosis and course of treatment. I also understand that I should not provide any genetic information.

I acknowledge that I have read the above statement and certify that all information provided is true and correct (including any documentation attached)

    Yes

    No

Please email the completed form and any required documentation to the addresses below, with subject line "COVID-19 Accommodation Request":

Wendy Kohler
Center on Disability
Community College of Philadelphia

wkohler@ccp.edu
&
cod@ccp.edu

Subject line: **COVID-19 Accommodation Request**