## 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.**

Name: First Name Last Name

Student ID #: J00123456

Phone Number: Phone number

CCP Email: CCP email address@student.ccp.edu

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

1. After consulting the [CDC website](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html), 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: Other qualifying condition

1. What accommodation(s) are you requesting?

[ ] Remote/online class participation

[ ] Additional personal protective equipment (face shield, gloves, etc.)

[ ] Modified program completion plan

[ ] Excused Withdrawal

[ ] Modified COVID-19 Screening Process

[ ] Other:
 Other accommodation

1. How long will you need these accommodation(s)?

Length of time accommodations are required

1. 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.

Additional accommodation information

**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:**

1. A personal medical record
2. A telemedicine consultation record
3. 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.**

[ ] Please review my medical records on file at the Center on Disability in support of prior accommodation requests.

**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.**

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**