



Luzerne County Community College
Office for Accessibility Services
Face-Covering Documentation Form

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 #: _____

If available, please attach any relevant information, assessments or evaluations. Email: Accommodations@Luzerne.edu or Mail to: 1333 South Prospect Street Nanticoke PA 18634 (Attn: Debra Passarella, Counseling) Phone: (570)740-0397

This student is seeking accommodation to the current requirement that all individuals wear a face covering while physical on campus at Luzerne County Community College. This form must be completed by the medical provider or qualified professional who is 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) possesses a direct threat to others.

Assessment of Impairment

1. What is the diagnosis/impairment? _____

2 .Date of diagnosis: _____ Date of last contact: _____

3. Is this individual currently under your care? [] Yes [] No

4. Is the impairment temporary (< 6 months) or persistent? _ _____

Please describe the severity of the condition(s) including specific barriers to wearing a face covering: _____

Recommendations

1. Can this individual wear a face-covering in any capacity without serious risk and exacerbation of their condition? [] Yes [] No

2. What is the time period for which a face covering can safely be worn? Please explain in detail.

3. In detail, please provide your recommendation for suitable face covering options for this individual including specific accommodation. _____

Health Professional's Signature: _____

Date: _____