



GUIDELINES FOR DOCUMENTATION

VERIFICATION OF A DISABILITY FORM FOR COVID-19 MASK EXEMPTION REQUESTS

The Student Academic Support Services (SASS) Office provides accommodations to students diagnosed with a disability that substantially impacts one or more major life functions. To determine eligibility for services and appropriate accommodations, current and comprehensive documentation of the disability from a licensed professional who is credentialed to perform such evaluation is required. If you have any questions pertaining to documentation needs, feel free to contact **Student Academic Support Services at (740)284-5358 or Email tgreathouse@franciscan.edu**.

STUDENT INFORMATION:

***** To be completed by the student *****

Full Legal Name: _____

Date of Birth: _____ Cell Phone: _____

FUS ID#: _____ FUS Email: _____ @student.franciscan.edu

Address: _____

MEDICAL INFORMATION:

***** To be completed by the diagnosing professional *****

1. What is the diagnosis, date of diagnosis, and your last contact with the student?
2. Describe the symptoms of the disabling condition.
3. What is the severity of the disabling condition? Mild Moderate Severe
4. What is the prognosis and/or expected duration of the disabling condition?

5. Please describe the functional limitations of the disorder for this student in an educational setting:

6. Please describe the functional limitations of the disorder for this student in a residential setting:

7. Does this student's disability contraindicate the wearing of a facial mask? In other words, is it medically necessary for the health and/or well-being of the student to not wear a facial mask? If yes, why? Please describe the effects of prolonged mask use for the student.

8. If the student is unable to wear a facial mask, are they able to wear a facial shield? If not, why?

PROVIDER INFORMATION:

Signature: _____ Date: _____

Print Name and Title: _____

State of License: _____ License Number: _____

Address: _____

Telephone: _____

Attention Medical Providers:
Once completed, please return this form to the student

*Student: attach this completed documentation form to your
FUS Disability Services Application on myfranciscan.*