Carnegie Mellon University
Disability Resources

COVID-19 Medical Information Request Form
(Students with NON-CDC High-Risk Medical Conditions)

This COVID-19 Medical Information Request Form is to be used by students who serve as teaching assistants, research assistants, or have other paid on-campus experiences. It is to be used by students who are requesting an accommodation related to these on-campus paid experiences because of a medical condition that is not high-risk as determined by the CDC but which has been exacerbated by, or otherwise requires accommodation because of, the COVID-19 pandemic.

- Section I should be completed by the student.
- Section II should be completed by the student's physician or health care provider.
- Completed forms should be returned to the Office of Disability Resources via email: access@andrew.cmu.edu.

SECTION I – To be completed by the student

Name

Andrew ID

Email

Preferred Phone Number

Type of paid experience(s):

- [ ] Teaching Assistant
- [ ] Research Assistant
- [ ] Instructor of Record
- [ ] Residential Assistant
- [ ] Community Advisor
- [ ] Tutor
- [ ] Academic Coach
- [ ] Front Desk Assistant
- [ ] Other

Is successful completion of the above experience(s) an educational requirement that you must fulfill in order to receive your degree?

- ◯ Yes
- ◯ No
- ◯ I checked more than one type of experience. One of the above experiences is an educational requirement and one is not.

Type of accommodation(s) requested:

- [ ] Ability to perform on-campus responsibilities remotely
- [ ] Other

If other, please specify:

_____
_____
_____
_____

Supervisor Name
Supervisor Title
Supervisor Email Address

Additional Supervisor Name
Additional Supervisor Title
Additional Supervisor Email

Name of academic or administrative department

Additional Comments

_____
_____
_____
_____

Release of Information

I hereby authorize the release of the following information to Carnegie Mellon University's Office of Disability Resources for the purpose of determining the availability of reasonable accommodations due to COVID-19. I further authorize Carnegie Mellon University to seek clarification of this documentation, if necessary, by contacting my physician or medical provider.

Signature Date

SECTION II – To be completed by physician or health care provider.

The above-named student has requested an accommodation for a medical condition that has been exacerbated by, or otherwise requires accommodation because of, the COVID-19 pandemic. As the student's physician or medical provider, you are asked to complete this form.

1. What is the medical condition for which the above-named student is requesting an accommodation for their on-campus paid experience?
   _____
   _____
   _____
   _____

2. How, if at all, does the medical condition identified in response to Question #1 interfere with the above-named student's ability to perform the functions of their on-campus paid responsibilities during the COVID-19 pandemic?

   _____
   _____
   _____
   _____

3. What accommodations or modifications would enable the student to perform the functions of their on-campus paid experience during the COVID-19 pandemic?

   _____
   _____
   _____
   _____

Thank you for your assistance in providing this information. Please sign below.

Signature Date

Provider Name (printed) Telephone #

Name of Practice Email address