# Resource Center for Persons with Disabilities (RCPD)

***Maximizing Ability & Opportunity*Michigan State University Bessey Hall**

# 434 Farm Lane, #120 East Lansing, MI 48824-1033

**(517) 884-7273 (517) 355-1293 (TTY) (517) 432-3191 (fax)**

[**http://www.rcpd.msu.edu/**](http://www.rcpd.msu.edu/)



**COVID19 Face Mask Medical Modification Accommodation Form**

# Policy Statement

The University provides reasonable accommodations to students and employees with a documented disability.

1. **Approval Process for Face Mask Modification**

A student or employee at Michigan State University with a disability that would be adversely affected by wearing a face covering (such as impacts to breathing) must identify and register with the Resource Center for Persons with Disabilities (RCPD) in advance, at least 15 business days before the modification is needed and provide the following documentation:

* + 1. Treating professional completes the relevant disability documentation form located at <https://www.rcpd.msu.edu/documentation>
    2. Treating professional and student or employee complete the COVID19 Face Mask Medical Modification Accommodation Request Form located at <https://www.rcpd.msu.edu/documentation>

*The University reserves the right to request additional clarification or documentation.*

The RCPD will validate the need for approved accommodations and work with the student/employee and campus officials to facilitate an effective outcome.

# Dispute Resolution Procedure

Disputes or disagreements about a disability determination, appropriateness of an accommodation, or service/assistance quality should first be raised with the RCPD specialist involved for students. If the matter cannot be resolved, a [dispute resolution](http://www.rcpd.msu.edu/awareness/dispute) should be submitted to RCPD. Employees who disagree with a determination may discuss the decision informally with the Office of Employee Relations or file an appeal.

Individuals may file an appeal with the University’s ADA Coordinator by completing the [Reasonable Accommodation Appeal Form](https://oie.msu.edu/_assets/documents/Accommodation-Appeal-Form-06.09.17.pdf) and submitting to:

**The Office of the ADA Coordinator - Office of Institutional Equity**

4 Olds Hall, East Lansing, MI 48824

Phone: (517) 353-3922

Email: [oie@msu.edu](mailto:oie@msu.edu).

**Student/Employee Information**

Name: Last, First, Middle Initial

Date of Birth: MSU NetID:

To be answered by student/employee, please describe the adversity associated with wearing a face mask in your role at Michigan State University during the time of the Coronavirus/COVID19

**Certifying Professional**

Certifying Professional’s Printed Name:

Credentials/Specialization:

License Type: License #: State: Exp. Date:

Diagnosis/Diagnoses that requires a face mask modification:

DSM or ICD Codes:

Date of onset: Date of diagnosis:

Date of client’s last appointment? How often does the client receive treatment?

What symptoms/challenges continue to impact the clients daily functioning?

*In an effort to slow the spread of COVID19, face coverings must be worn by everyone (including faculty, staff, students, venders, and visitors) indoors on property owned or governed by MSU and while participating in MSU-related or MSU-sponsored activities. Your client has requested an accommodation to not wear a face covering during these times.*

1. How does not wearing a face covering reduce or alleviate current symptoms and better manage the student/employee disability? Include the relationship or nexus between the client’s disability and the outcome provided by a face mask modification.

1. Are there any times when you feel this student/employee may be able to safely wear a face covering? Are there alternative options to the recommended face covering?

Please print this documentation, sign and date below. Send or fax directly to RCPD using the contact information on page one.

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