



Health Services
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A COVID-19 outbreak indicates potentially extensive transmission within a setting or organization. An outbreak investigation involves several overlapping epidemiologic, case, and contact investigations, with a surge in the need for public health resources.

For the Student to Complete

Please upload the below *Healthcare Provider Form* by completing it with your primary care physician and then upload it back to the following [link](#) to complete the e-form submission. Please include any other medical documentation provided to you by your healthcare provider.

Your form will be submitted to a committee for review. If you have any questions please email health@manchester.edu.

Healthcare Provider Form: Diagnosis and Impact of COVID-19*

*Completion of this form is required by primary healthcare provider.

Dear Primary Healthcare Provider,

Thank you for taking time to provide this important information. To help Manchester University make this determination and provide reasonable accommodations in this unprecedented time of COVID-19, we need a written detailed assessment of the student's diagnosis and the potential impact COVID-19 could have on this individual. This information must be provided by a qualified licensed physician or mental health professional.

The CDC defines high risk of COVID-19 transmission in any situation in which there has been greater than 15 minutes of close contact, defined as less than 3-6 feet of space from an infectious individual.

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical condition, particularly if not well controlled including:
 - Chronic lung disease or moderate to severe asthma
 - Serious heart conditions
 - Immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - Sever obesity (body mass index of 30 or higher)
 - Diabetes
 - Chronic kidney disease undergoing dialysis
 - Liver disease
 - Pregnancy
 - Sickle cell disease
 - A neurological condition

Please answer the following in as much details as you can provide.

Impairment Assessment

- A. What is the diagnosis/impairment?

- B. When was the initial diagnosis made? Please provide a brief history which includes onset, consistency, pervasiveness, and severity of the diagnosis.

- C. What potential impact could COVID-19 have on this individual because of their diagnosis?

- D. Is the patient/student currently under your care?

- E. When did you last see the patient/student?

- F. Are there specific accommodations recommended for this student during this time of COVID-19?

- G. What is the COVID vaccination status of this student? Is the student permitted to receive the vaccine, why or why not? How would the vaccine status of the student affect their ability to be on-campus and participate in face-to-face coursework?

Practitioner Signature: _____ Date: _____

Practitioner Printed Name: _____ Specialty: _____