In response to the COVID-19 public health emergency, Atlanta Metropolitan State College (AMSC) will provide an alternative educational arrangement for students with underlying medical conditions that are or might be at an increased risk for severe illness for to COVID-19 as defined by the Centers for Disease Control (CDC). See link below for list of CDC underlying medical conditions:


**Qualifying CDC categories for higher risk for severe illness with COVID-19:**

*Students who are 65 or older* (Students who are younger than 65 can provide documentation from a health care provider that their age is a determining factor for risk that should prevent them from attending and participating in regular on-campus instruction.)

*Students with the following underlying medical conditions:*

- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus
- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus
ATLANTA METROPOLITAN STATE COLLEGE (AMSC)
COVID-19 Alternative Educational Arrangement Request Form

Directions and Request Form for submitting Alternative Education Form

- A student must fit into a CDC category indicating they are or might be at an increased risk for severe illness from COVID-19 to be considered for alternative educational arrangements due to the COVID-19 public health emergency.
- Students requesting alternative educational arrangements must submit a completed COVID-19 Alternative Educational Arrangement Request Form (Request Form) to the AMSC Counseling and Disabilities Services Office.
- It is the student’s responsibility to ensure that his/her health care provider’s documentation and/or other supporting documentation is attached to the Request Form and submitted to the AMSC Counseling and Disability Services Office.
- AMSC may contact your health care provider regarding your qualifying health conditions.
- AMSC will review the Request Form and supporting documentation and provide a written decision to the student.
- If the student’s underlying medical condition is verified, students will be required to engage in an interactive process with AMSC Counseling and Disability Services to explore alternative educational arrangement options.
- Students do not need to disclose their health condition to their instructors. Medical records and information should only be submitted to AMSC Counseling and Disabilities Services, where they are maintained in a confidential manner.
- Approved alternative educational arrangement options will be documented. The information will be shared with your instructors by the Director of Counseling and Disability Services.
- Approved alternate educational arrangements will end upon resolution of the temporary high-risk conditions, no later than upon the conclusion of the public health emergency as determined by CDC.

Students requesting alternative educational arrangements must submit a completed COVID-19 Alternative Educational Arrangement Request Form to the Accessibility Office with the appropriate medical documentation along with a detailed class schedule. Partially completed forms are not acceptable.

For assistance with the request process or form, please contact Dr. Dorothy Williams, AMSC Director of Counseling and Disability Services.
E-Mail: dwilliams@atlm.edu
Telephone: 404-756-4016
### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name:</th>
<th></th>
<th>AMSC ID #</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone #:</td>
<td></td>
<td>Cell Phone #:</td>
<td></td>
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<tr>
<td>E-mail:</td>
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</table>

Student Status: Current ___ or Transfer ___
(choose one)

### VOLUNTARY DISCLOSURE OF HEIGHTENED RISK:

What CDC underlying medical condition do you have indicating you are or might be at an increased risk for severe illness from COVID-19?

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### REQUESTED ALTERNATIVE EDUCATIONAL ARRANGEMENTS:

What specific alternative educational arrangement are you requesting? Please select from the options below or identify the arrangement requested in the space provided.

- [ ] Modification of in-person component of course (ex. online, lecture capture, synchronous/asynchronous)
- [ ] Modified arrival/departure times for classes
- [ ] Course substitutions (with permission of the appropriate academic department)
- [ ] Preferential seating
- [ ] Other: ___________________________________________________________
  ___________________________________________________________
  ___________________________________________________________
  ___________________________________________________________
  ___________________________________________________________

Approved Alternative Educational Arrangements will end no later than the end of the public health emergency as determined by the CDC.
SUPPORTING MEDICAL DOCUMENTATION

Supporting medical documentation is required to be considered for Alternative Education Arrangements. Please attach supporting medical documentation of the CDC recognized circumstance/underlying health condition and describe the health condition.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

PHYSICIAN CONTACT INFORMATION: Your physician may receive communication from AMSC Counseling and Disabilities Services requesting information about your CDC recognized circumstance/underlying health condition and recommendations for alternative educational arrangements.

<table>
<thead>
<tr>
<th>Physician’s Name:</th>
<th>Physician’s Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician’s Telephone #:</td>
<td>Physician’s Address:</td>
</tr>
</tbody>
</table>

STUDENT AUTHORIZATION

I authorize a representative of the AMSC Counseling and Disabilities Office to communicate directly with my health care provider for confirmation of the CDC underlying health condition and clarification regarding my need for an alternative educational arrangement.

Student Signature        Date

STUDENT CERTIFICATION

I certify that the above information is accurate and complete. I understand that I must contact AMSC Counseling and Disabilities Office regarding any changes or deviations to this request once submitted.

Student Signature        Date
AMSC USE ONLY

All required documentation received from student: No __ Yes ___ Received on date: __________

Documentation confirms CDC underlying health condition: No __ Yes ___

Alternative Educational Arrangement ___ Approved ___Denied

If approved, describe alternative educational arrangement:

______________________________________________             ____________________

Date

Director of Counseling and Disabilities