

Student COVID Consultation Request Form

Please complete all of the following questions below to be considered for adjustments due to COVID-19. Medical documentation will also need to be turned in to complete the consult.

Name: _____

M#: _____

Email Address: _____

Address: _____

Are you a new or returning Student?

COVID-19 Risk Factors. Please check all that apply:

- _____ Age
- _____ Serious Heart Conditions
- _____ Chronic Lung Disease
- _____ Asthma (Moderate to Severe)
- _____ Diabetes
- _____ Suppressed Immune Disorders
- _____ Auto Immune Disorders
- _____ Hyper Immune Responsive Individuals
- _____ Hematological Cancers
- _____ Chronic Kidney Disease
- _____ Chronic Liver Disease
- _____ Two or More Risk Factors

Please Explain:

Concerns regarding COVID-19. Please check all that apply:

- General Campus
- Classes
- Dining
- Housing

Please Explain:

Please list all courses that will need adjustments:

Please complete this form in its entirety and submit it to:

**MSU Texas
Disability Support Services
Clark Student Center, Rm 168
3410 Taft Blvd.
Wichita Falls, TX 76308
Phone: (940) 397-4140
Fax: (940) 397-4180
Email: disabilityservices@msutexas.edu**