

**SPARTANBURG METHODIST COLLEGE
COVID-19 SPECIAL HOUSING REQUEST FORM**

Directions for the student: Please complete the top portion of this form to request special housing consideration related to COVID-19. Your physician or treating professional must complete the remaining section.

Today's Date: _____

Student's Name: _____

SMC ID Number: _____

Student's Cellphone Number: _____

Student's Email: _____

Class (check one):

___ Freshman ___ Sophomore

___ Junior ___ Senior

What special housing accommodations are you requesting? _____

TO BE COMPLETED BY STUDENT'S PHYSICIAN

Physician's Name: _____

Physician's Credentials: _____

This student has been diagnosed with the following serious underlying medical conditions as outlined in the CDC's guidance for persons who are more susceptible to serious illness from the effects of COVID-19:

___ Moderate to severe asthma

___ Chronic Kidney Disease treated with dialysis

___ Chronic Obstructive Pulmonary Disease ___ Emphysema

___ Cystic Fibrosis ___ Diabetes

___ Sickle Cell Disease ___ Thalessemia

___ Immunocompromised Individual ___ Cancer Treatment Patient

- ___ Bone Marrow or Organ Transplant Recipient
- ___ HIV with low CD4 cell count/not in HIV treatment
- ___ Prolonged use of corticosteroids or other immune-weakening medications
- ___ Chronic Liver Disease, including Cirrhosis
- ___ Heart Failure ___ Coronary Artery Disease
- ___ Congenital Heart Disease ___ Cardiomyopathies
- ___ Pulmonary Hypertension ___ Severe Obesity

How long have you treated this student? _____

What was the most recent date of your appointment with this student? _____

What special housing accommodations are you recommending based on this student's serious underlying medical condition(s)? _____

I attest that this information is accurate and complete to the best of my knowledge. I further attest that I am not related to this student either by blood or through marriage.

Signature:

Date: _____