



Documentation of Medical Need for Housing or Dining Accommodation

Form for General Accommodations (Not Asthma or Allergy related)

Health Care Provider:

Your patient is a student at Wake Forest University and has indicated that they have a medical condition that has arisen to the level of disability and will require reasonable accommodations to participate in a program or activity (including housing or dining) at Wake Forest University. To consider this student's request for an accommodation because of a disability/chronic health condition, Wake Forest University requires documentation of the student's current medical condition from the treating and licensed clinical professional or health care provider thoroughly familiar with this student's condition and his/her functional limitations and/or restrictions. This form should *not* be used for documentation of asthma, environmental allergy, or food allergies and intolerances.

The information you provide will be used to determine the nature and severity of the student's condition and the appropriateness of requested housing accommodations. *Please take the time to complete this form in its entirety.*

All information provided to us is kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). A signed consent for release of information should be completed by the student prior to the release of this form. Thank you for your assistance.

Please Note:

- A desire or recommendation for a geographic change "e.g. Off-Campus" is not normally considered an accommodation.
- Wake Forest University has a number of residential facilities on campus that are of varying configurations and construction ranging from a typical dorm room with community bathroom, to suites, and apartments which contain private or limited access bathrooms and kitchens.
- ADHD and learning disabilities do not merit special housing or dining considerations.
- Special housing or dining considerations based on a newly developed psychiatric or psychological condition usually require the development of a therapeutic relationship with a professional staff member at the University Counseling Center and/or documentation from an off-campus therapist.

Return Completed Form to:

<i>Standard Mail</i> Cecil D. Price, M.D. Director, Student Health Service Wake Forest University P.O. Box 7386, Reynolda Station Winston-Salem, NC 27109	<i>Electronically</i> Email: shs@wfu.edu Cecil D. Price, M.D. Director, Student Health Service Wake Forest University Fax: (336) 758-6054
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If the spaces provided are not adequate, please attach a separate sheet of paper.



Student Name First: _____ Last: _____

Diagnosis: _____

Date of Diagnosis: _____

Date of last visit for this condition: _____

Procedures/assessments used to diagnose this student's condition. Please attach a copy of test results:

Severity of the condition (check one): Mild Moderate Severe In Remission

Has the student been treated in any emergency room or hospital for this condition within the last year?
 Yes No

Total number of hospitalizations for this condition: _____

Date of last hospitalization: _____

What treatment or medications have been prescribed?

Describe how this condition substantially limits a major life activity. Major life activities "are those basic activities that the average person in the general population can perform with little or no difficulty." 29 C.F.R. pt 1630

Recommended accommodation (must be clearly linked to functional limitations):

Anticipated duration of need for accommodation:



If you are related to the student what is your relationship?

Physician's Signature: _____

Date: _____

Physician's Name _____

Address _____

License/Cert. # _____ **State:** _____

Specialty _____

Phone: _____ **Fax:** _____

Affix a business card or apply business stamp within this box: