



Student's Name: _____

Medical/Health Care Provider Completes This Form – Please print or type

The above named student has requested housing accommodations for a disability at Emory University. The Department of Accessibility Services (DAS) is attempting to determine whether this student has a condition or combination of conditions that constitute a disability, and whether the disability causes limitations for which the student needs reasonable accommodation(s). Documentation will assist DAS in understanding how the disability impacts the student in the residence halls and the current impact of the condition(s) as it relates to the housing request. Documentation and all relevant information must be completed or provided by an appropriate qualified professional such as treating or diagnosing health or mental health professional. Documentation completed by a family member is not acceptable. For psychological disabilities, evaluation and documentation should be within the last six months unless the condition is one that does not change over time. All documentation will be evaluated on a case-by-case basis.

Single Room Accommodations:

Requests for a single room as an accommodation based solely on a desire to have a “quiet, undisturbed place to study” or as a need for a “reduced distraction environment” will not be granted. By virtue of the shared facilities, resources, and number of students living in the residence halls, it is unrealistic to assume that a private room would provide for such quiet, distraction-free space to any appreciable degree beyond living in a standard double room.

Please respond to the following items regarding the above named student:

1. What is the student's medical condition/diagnosis?

- a. Level of severity: Mild Moderate Severe
- b. Duration: Temporary Permanent Chronic/Recurring
 Episodic
- c. Date of diagnosis: _____
- d. Date of initial contact with student: _____
- e. Most recent contact with student: _____



2. Describe the symptoms related to the student’s condition that cause significant impairment in a major life activity

3. Major Life Activities Assessment:

Please check which of the following major life activities listed below are affected because of the impairment. Please indicate the severity of the limitations.

Life Activity	Negligible	Moderate	Substantial	Not Applicable
Talking				
Hearing				
Breathing				
Standing				
Caring for Oneself				
Reaching				
Lifting				
Sitting				
Walking				
Seeing				
Writing				
Performing Manual Tasks				
Sleeping				
Learning				
Reading				
Thinking				
Concentrating				
Memorizing				
Interacting with Others				
Other:				
Other:				



4. Describe the functional limitations of the student's condition as they may relate to campus housing.

5. How will the student manage these symptoms in other campus environments (e.g. dining hall, library, computer labs, classrooms)?

6. For episodic conditions, how frequent are the episodes, and what is their duration?

7. List the student's current medication(s), dosage, frequency and adverse side effects (if applicable).

8. Are there any significant limitations to the student's functioning directly related to the prescribed medications? Yes NO If yes, please describe:

9. Is the requested accommodation(s) medically necessary or medically beneficial (Check one.) Please explain response:



EMORY
UNIVERSITY

Accessibility Services
Office of Institutional
Equity and Compliance

10. Describe possible alternatives that could be considered if the preferred accommodation is not available.

The provider may also send a report that provides additional relevant information.

The provider completing this form cannot be a relative of the student.

Signature of Provider: _____ Date: _____

License#: _____ State: _____

Please Print

Name/Title: _____

Address: _____

Phone: _____ Fax: _____