

VERIFICATION OF MEDICAL/PHYSICAL CONDITION

In order to ensure the provision of reasonable and appropriate housing accommodations for students with medical/physical conditions, Housing and Residential Life requires documentation from a qualified physician or other licensed medical professional in a field related to the condition that provides verification of the condition, a description of the current functional limitations noted as a result of the condition on a major life activity (e.g. seeing, walking), and any recommendations of possible accommodations. Please use the following guidelines to assist you in the preparation of this document:

1. The documentation should include all of the following information regarding the student:
 - a. A statement of condition as a medical diagnosis. Please include the date of diagnosis and the date of last contact with this student.
 - b. A description of the procedures (e.g. clinical/diagnostic interview, rating scales, physical examination) that were used to assess/diagnose the medical condition and rule out other explanations.
 - c. A description of the symptoms that meet the criteria for diagnosis with the approximate date of onset.
 - d. A description of the current severity of the medical condition and this student's limitations in a university housing setting.
 - e. A list any medications or other treatments the student is currently utilizing, including any possible medication/treatment side effects.
 - f. A description of any housing accommodations you feel would be appropriate for this student given his/her limitations.
 - g. Attach any additional information you feel is relevant in determining housing accommodations for this student.
2. The documentation should include all of the following information regarding the treating medical professional:
 - a. Be on letterhead.
 - b. Be typed, dated, and bear an signature of the evaluator.
 - c. Include the name, title, and professional credentials of the evaluator, including information about licensure or certification.
 - d. Include contact information (e.g. name, address, and phone number of practice).