

For Completion and Submission by Health Care Provider



Request for Documentation of Medical Need for Housing/Dining Accommodation

Dear Health Care Provider,

Your patient is a student at Salem College and has indicated that the student has a condition which rises to the level of a disability and will require accommodation to participate in a program or activity (i.e., housing or dining) at Salem College. For the purpose of receiving consideration for reasonable accommodations at Salem College, the student must have an impairment that substantially limits one or more major life activities.

In order to consider this request for accommodation related to a specific diagnosis or chronic health condition, Salem College requires documentation of the student's current medical condition from the treating and licensed clinical professional or health care provider who is thoroughly familiar with the student's condition and functional limitations or restrictions.

The information you provide will be used to determine the nature and severity of the student's condition and the appropriateness of the requested accommodation. Please take the time to fill out this form *in its entirety*, as it must be completed and returned before any accommodation can be considered or provided.

Please return the completed form to:

Health Services
Salem College
601 S. Church Street
Winston-Salem, NC 27101
Fax: 336-917-5582

All information obtained in response to this request will be maintained and used in accordance with applicable confidentiality requirements. A signed consent for release of the requested information should be completed by the student prior to the release of this form to Salem College. Thank you for your assistance.

General Information about Salem College Facilities and Dining Options

- Salem College has residential facilities on campus that are of varying configurations and construction ranging from a typical residence hall room with a community bathroom to suites and apartments which contain private or limited access bathrooms and kitchens. Not all residence halls at Salem College are air-conditioned.
- Students who are eligible for dining accommodations are required to meet with the registered dietician who provides support to Salem College and educates eligible students on available food options through on-campus dining.



Physician Information

First Name: _____ Last Name: _____

Address: _____ Specialty: _____

License/certification #: _____ State of license/certification: _____

Phone #: _____ Fax #: _____

If you are related to this student, what is your relationship? _____

Student Information

First Name: _____ Last Name: _____

Diagnosis: _____ Date of diagnosis: _____

Date of last visit for condition: _____ Duration of time treating patient: _____

Identify the procedures/assessments used to diagnose student's condition (if applicable, attach a copy of test results; e.g. pulmonary function testing, blood tests, allergy testing): _____

Identify the severity of the condition (check one):

- Mild
- Moderate
- Severe
- In Remission

Does the student take prescription medication for this condition?

- Yes, specific medications, doses, and frequency: _____
- No

Has the student been treated in any emergency room or hospital for this condition within the last year?

- Yes, total number of hospitalizations and date of last hospitalization: _____
- No

Describe the environmental factors (if any) that exacerbate this condition: _____

If the diagnosis is a food allergy, describe the reaction/potential reaction if exposed to allergen: _____

Describe how this condition substantially limits a major life activity. *Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and the operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions (29 C.F.R. 1630.2):* _____

Describe the recommended accommodation(s) linked to functional limitations: _____

Describe the reasoning for the recommended accommodation: _____

Identify the anticipated duration of medical need for the recommended accommodation: _____

Affix business card or apply business stamp below:

Physician Signature: _____ Date: _____