

Healthcare Provider Form – Accessible Housing Request and Student Release

Le Moyne College Disability Support Services' office needs to determine if a student has a condition that substantially limits one or more life activities, how some housing environments might present barriers to the student, and how to provide that student with equal access to the College. Le Moyne College requires current and comprehensive documentation of the student's condition from a licensed medical professional or health care provider who is familiar with the history and functional limitations of the student's condition(s), and the disability-related need for a housing accommodation. The provider completing this form cannot be a relative to the student. If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional information.

AUTHORIZATION TO RECEIVE HEALTH CARE INFORMATION (completed by the student)

I authorize Le Moyne College Disability Support Services' office to receive information from those listed below. If further information is needed, I authorize my provider to discuss how my requested housing accommodation(s) may remove disability related barriers to give me equal access to the Le Moyne College residential environment.

Provider's name and Affiliation:	
Address:	Phone:
Student Signature:	
To Bo Completed by t	he Health Care Professional
To be Completed by the	ne nealth Care Professional
Under ADA this individual has a: Disability	Temporary Impairment
Nature(s) of this housing request: Physical _	Psychological Food Related

Please list the Student's Diagnosis (include a DSM-5 or ICD-10 code)



<u>Please describe the student's condition, and how the student's major life activities are impacted by it. How frequent and how long the symptoms last? Please attach any relevant information that you would like considered.</u>

Level of severity (circle one): Mile	d Moderate	Severe	
Date of initial diagnosis:	Date	of last contact with student:	
How long has the student been a p	atient? F	How often do you meet with	student?
Was medication prescribed?	Medication Prescribed	d:	
Frequency of administration:		Frequency of monito	oring:
Response to medication:			
The next two questions will s 1. What barriers might the			
How might the studen example, a Deaf studen		nt be modified to remove light doorbell and fire ala	



Questions 3, 4 & 5 pertain to requests for an Emotional Support Animal (ESA). Please complete only if the student is requesting an ESA.

3.	What type of animal are you recommending as an ESA for the student?
4.	How long has the student been in a therapeutic relationship with the ESA? If the student does not have a current relationship with an ESA, please describe any prior relationship the student has had with animals.
5.	How does the ESA serve a disability-related need for the student? What assistance or support does the animal provide to alleviate the impact of the student's condition(s)?
Lic	censed Professional's Signature:
	ofessional's Name (Printed):
	ofessional's Address:
	ofessional's Phone:
	cense #
	ate:

Return this information marked confidential to:

Disability Support Services Le Moyne College 1419 Salt Springs Road Syracuse, NY 13214

Email: dss@lemoyne.edu Fax: 315-445-6014