Medical Documentation for Housing Issues Other than Single Room Request

STUDENT ACCESSIBILITY AND ACCOMMODATION

1500 N. Warner St. #1096, Tacoma, WA 98416-1096, T: 253.879.3395 or 3399, F: 253.879.3786

Student’s Name: ____________________________ Student DOB: ___________________
Student ID# ____________ Telephone ___________________ Date ____________

Student Accessibility and Accommodation complies with federal and state disability laws that prohibit discrimination and require that universities ensure equal access for qualified persons with disabilities to educational programs, services and activities. Please complete the form below to assist DS in determining appropriate and reasonable disability accommodations.

To be completed by the student’s treating professional

Complete Diagnosis: ____________________________
________________________________________
________________________________________

Date of Diagnosis: ____________________________
Date of last visit for this condition: ______________
Procedures/assessments used for diagnosis:
________________________________________
________________________________________

Severity: Mild Moderate Severe

Student is compliant with medical treatment for this condition: Rarely Sometimes Often Unknown

Does this student take prescription medication for this condition? Yes ___ No ___ If yes, which medications? Please note any side effects:
________________________________________
________________________________________

Has this student been treated in an emergency room for this within the last year? Yes ___ No ___

Has this student received in-patient treatment for this condition within the last year? Yes ___ No ___

Treating Professional’s Signature: _______________________

Affix business card or apply business stamp within this box

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

Treating Professional’s Name: _______________________
________________________________________
Address: ______________________________________
________________________________________
License / Cert. #: ___________________________ State: ____________
Phone: __________________ Fax: __________________

Email: saa@pugetsound.edu

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